

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000153

FILED  
Apr 07, 2008  
Secretary of State

Entity Name: PROFITCENTER SOFTWARE INC.

## Current Principal Place of Business:

50 CHARLES LINDBERGH BLVD  
UNIONDALE, NY 11553

## New Principal Place of Business:

## Current Mailing Address:

11 HARBOR PARK DRIVE  
PORT WASHINGTON, NY 11050

## New Mailing Address:

FEI Number: 20-0273607      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: LEEDS, RICHARD  
Address: 11 HARBOR PARK DRIVE  
City-St-Zip: PORT WASHINGTON, NY 11050

Title: VC ( ) Delete  
Name: LEEDS, ROBERT  
Address: 11 HARBOR PARK DRIVE  
City-St-Zip: PORT WASHINGTON, NY 11050

Title: D ( ) Delete  
Name: LEEDS, BRUCE  
Address: 11 HARBOR PARK DRIVE  
City-St-Zip: PORT WASHINGTON, NY 11050

Title: V ( ) Delete  
Name: EHRLICH, MATTHEW  
Address: 11 HARBOR PARK DRIVE  
City-St-Zip: PORT WASHINGTON, NY 11050

Title: S ( ) Delete  
Name: RUSH, CURT  
Address: 11 HARBOR PARK DRIVE  
City-St-Zip: PORT WASHINGTON, NY 11050

Title: VPC ( ) Delete  
Name: AXMACHER, THOMAS W  
Address: 11 HARBOR PARK DRIVE  
City-St-Zip: PORT WASHINGTON, NY 11050

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: MARRAH, JOHN  
Address: 11 HARBOR PARK DRIVE  
City-St-Zip: PORT WASHINGTON, NY 11050

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS W AXMACHER

VPC

04/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date