

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000153

FILED
Mar 19, 2009
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: MARRAH, JOHN
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: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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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 AXMACHER

VPC

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date