
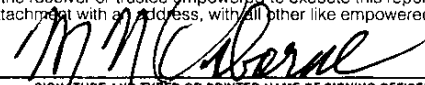


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90021 021 \*\*\*158.75

<b>DOCUMENT # F07000002602</b> 1. Entity Name SOFTWARE DESIGN RESOURCES, INC.					
Principal Place of Business <del>2800 AURORA ROAD SUITE 1</del> <del>MELBOURNE, FL 32935-2097</del>			Mailing Address 3417 E 54 STREET TEXARKANA, AR 71854		
2. Principal Place of Business - No P.O. Box # 500 Trotter Lane		3. Mailing Address Suite, Apt. #, etc. #205			
City & State Melbourne FL		City & State City: Zip: Country:			
Zip 32940		Country US		4. FEI Number 20-5542471	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KEAR, DAVID <del>2800 AURORA ROAD SUITE 1</del> <del>MELBOURNE, FL 32935-2097</del>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500 Trotter Lane #205 City Melbourne FL Zip Code 32940	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C OSBORNE, M.N. 3417 E 54 STREET TEXARKANA, AR 71854	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC KEAR, SCOTT 1212 BROADHEAD WAXAHACHIE, TX 75165	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEAR, DAVID 500 TROTTER LANE #205 MELBOURNE, FL 32940	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LYON, JEFFREY 107 REDMAN WAXAHACHIE, TX 75165	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					