

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90123 022 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | | | |
|--|--|--|--|--|--|
| DOCUMENT # F07000003209 1. Entity Name LIGAWARE TECHNOLOGIES INC. | | | | | |
| Principal Place of Business 2317 AVE. B BRADENTON BEACH, FL 34217 | | | Mailing Address PO BOX 23 BRADENTON BEACH, FL 34217 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 68-0513470 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 | | | 7. Name and Address of New Registered Agent Name Constanza Bryant Street Address (P.O. Box Number is Not Acceptable) 2317 Avenue B City Bradenton Beach FL Zip Code 34217 | | |
| 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 <i>Constanza Bryant</i> <small>Signature, typed or printed name of registered agent and file if applicable</small> | | Constanza Bryant, President <small>(NOTE: Registered Agent signature required when reinstating)</small> | | 04/29/2008 <small>DATE</small> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 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 | DPT BRYANT, HUGH 11800 SUNSET HILLS RD SUITE 1009 RESTON, VA 20190 <input checked="" type="checkbox"/> Delete Deceased 12/9/07 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS BRYANT, CONSTANZA 2317 AVENUE B BRADENTON BEACH, FL 34217 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST Constanza Bryant 2317 Avenue B Bradenton Beach, FL 34217 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Assistant Secretary Alice E. Bryant 103 Dogwood Drive Bridgewater, VA 22812 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: <i>Constanza Bryant</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Constanza Bryant <small>Date</small> | | 04/29/2008 <small>Daytime Phone #</small> | |

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04292008 Chg-P CR2E034 (12/06)