

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000001603

1. Entity Name
PROPHET 21 (NEW JERSEY), INC.



Principal Place of Business
**19 WEST COLLEGE AVE.
 YARDLEY, PA 19067**

Mailing Address
**19 WEST COLLEGE AVE.
 YARDLEY, PA 19067**

U00000367590
 05/19/05-80001-022 150.00



05122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **22-2048638** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 7, 2005**

9. Election Campaign Financing Trust/Fund Contribution.

\$5.00 May Be Added to Fees

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CFO
NAME	GIULIANI, THOMAS
STREET ADDRESS	19 W. COLLEGE AVE.
CITY-ST-ZIP	MORRISVILLE, PA 19067
TITLE	D
NAME	BRAVO, ORLANDO
STREET ADDRESS	19 W. COLLEGE AVE.
CITY-ST-ZIP	MORRISVILLE, PA 19067
TITLE	PD
NAME	BOYLE, CHARLES
STREET ADDRESS	19 W. COLLEGE AVE.
CITY-ST-ZIP	YARDLEY, PA
TITLE	V
NAME	LEVIN, DOUG
STREET ADDRESS	19 W COLLEGE AVENUE
CITY-ST-ZIP	YARDLEY, PA 19067
TITLE	V
NAME	MELLOTT, RUSS
STREET ADDRESS	19 W COLLEGE AVENUE
CITY-ST-ZIP	YARDLEY, PA 19067
TITLE	V
NAME	PATTON, BILL
STREET ADDRESS	19 W COLLEGE AVENUE
CITY-ST-ZIP	YARDLEY, PA 19067

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

5-12-05

Date

Daytime Phone # _____