

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 SEP 19 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. Principal Place of Business: 804 LAS CIMAS PARKWAY
3. Mailing Address: 804 LAS CIMAS PARKWAY

09062006 Chg-P CR2E034 (11/05)

City & State: AUSTIN, TX
Zip: 78746
Country: USA

4. FEI Number: 22-2048638
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION.SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box-Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

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: _____

FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006
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	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: BRAVO, ORLANDO STREET ADDRESS: 19 W. COLLEGE AVE. CITY-ST-ZIP: MORRISVILLE, PA 19067	<input checked="" type="checkbox"/> Delete
TITLE: PD NAME: BOYLE, CHARLES STREET ADDRESS: 19 W. COLLEGE AVE. CITY-ST-ZIP: YARDLEY, PA	<input checked="" type="checkbox"/> Delete
TITLE: V NAME: LEVIN, DOUG STREET ADDRESS: 19 W COLLEGE AVENUE CITY-ST-ZIP: YARDLEY, PA 19067	<input checked="" type="checkbox"/> Delete
TITLE: V NAME: MELLOTT, RUSS STREET ADDRESS: 19 W COLLEGE AVENUE CITY-ST-ZIP: YARDLEY, PA 19067	<input checked="" type="checkbox"/> Delete
TITLE: V NAME: PATTON, BILL STREET ADDRESS: 19 W COLLEGE AVENUE CITY-ST-ZIP: YARDLEY, PA 19067	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: President NAME: GREG PETERSEN STREET ADDRESS: 804 LAS CIMAS PKWY CITY-ST-ZIP: Austin, TX 78746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP / Secretary NAME: Christopher Speltz STREET ADDRESS: 804 Las Cimas Pkwy CITY-ST-ZIP: Austin, TX 78746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
600080026486 09/21/06--01023--014 **150.00	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Bill Patton Date: 9-12-06 Daytime Phone #: 512.328.2300

XC 9/20