

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90107 037 ***150.00

DOCUMENT # F95000003128 1. Entity Name GREEN HILLS SOFTWARE, INC.					
Principal Place of Business 30 W SOLA ST SANTA BARBARA, CA 93101 US			Mailing Address 30W SOLA ST SANTA BARBARA, CA 93101 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 95-4079433	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RODENBECK, PATRICK 2708 ALTERNATE 19 N SUITE 708 PALM HARBOR, FL 34683				7. Name and Address of New Registered Agent Name RODENBECK, PATRICK Street Address (P.O. Box Number is Not Acceptable) 34125 US HWY 19 N SUITE 100 City PALM HARBOR FL Zip 34684	
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 <u>SAME REGISTERED AGENT</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PTSD O'DOWD, DANIEL D <input type="checkbox"/> Delete 30 W SOLA ST SANTA BARBARA, CA 93101		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC DOUGLAS, JACK <input type="checkbox"/> Delete 305 BURGESS AVE WESTWOOD, MA 02090		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNHAM, DANIEL <input type="checkbox"/> Delete 6284 SAN MARCOS SANTA BARBARA, CA 93105		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6284 SAN MARCOS PASS ROAD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEVARIAN, AVRDI <input type="checkbox"/> Delete 27280 OHLONE LANE LOS ALTOS HILLS, CA 94022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TEVARIAN, AVRDIS 27280 OHLONE LANE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUSICCHI, SCOTT <input type="checkbox"/> Delete 6922 HOLLYWOOD BLVD #500 LOS ANGELES, CA 90028		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CFO JEFF HAZARIAN 30 W. SOLA ST SANTA BARBARA, CA 93101	
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: <u>Jeffrey R Hazarian, CFO</u> Date: <u>4/16/06</u> Daytime Phone #: <u>805 965-6084</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					