

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F99000000257

1. Entity Name  
EZE CASTLE SOFTWARE, INC.



Principal Place of Business  
12 FARNSWORTH STREET  
SIXTH FLOOR  
BOSTON, MA 02110

Mailing Address  
12 FARNSWORTH STREET  
SIXTH FLOOR  
BOSTON, MA 02110



05052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3449808 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 SOUTH 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

*M. S. G. Allen*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

100000366340  
05/12/05-80009-005 150.00

**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          | DS                             |
| NAME           | CAHALY, JOHN                   |
| STREET ADDRESS | 12 FARNSWORTH STREET 2ND FLOOR |
| CITY-ST-ZIP    | BOSTON, MA 02110               |
| TITLE          | PTD                            |
| NAME           | MCLAUGHLIN, SEAN               |
| STREET ADDRESS | 12 FARNSWORTH STREET 2ND FLOOR |
| CITY-ST-ZIP    | BOSTON, MA 02110               |
| TITLE          | AS                             |
| NAME           | GAVIN, THOMAS                  |
| STREET ADDRESS | 12 FARNSWORTH STREET 2ND FLOOR |
| CITY-ST-ZIP    | BOSTON, MA 02110               |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |

**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 information.

SIGNATURE: *M. S. G. Allen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/5/05