2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# F99000000359

Entity Name: COMPETENCE SOFTWARE, INC.

Current Principal Place of Business:

500 N OSCEOLA AVE
605
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

PO BOX 65
CLEARWATER, FL 33757

New Mailing Address:

FEI Number: 02-0457435 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEWYNGAERT, MARY LOU
1973 SEVER DRIVE
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: BYRNES, LAWRENCE F
Address: 500 NORTH OSCEOLA AVENUE #602
City-St-Zip: CLEARWATER, FL 33755

Title: S ( ) Delete
Name: BYRNES, EDWARD J
Address: 2 MACK ROAD
City-St-Zip: WOBURN, MA 018010000

Title: T ( ) Delete
Name: DEWYNGAERT, MARY LOU
Address: 1973 SEVER DRIVE
City-St-Zip: CLEARWATER, FL 33764

Title: D ( ) Delete
Name: FESHBACH, MATTHEW
Address: 425 SHERMAN AVE SUITE 220
City-St-Zip: PALO ALTO, CA 94306

Title: D ( ) Delete
Name: FESHBACH, JOSEPH
Address: 425 SHERMAN AVE SUITE 220
City-St-Zip: PALO ALTO, CA 94306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE F BYRNES PC 04/26/2006

Electronic Signature of Signing Officer or Director — Date