## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000002052

Entity Name: CCV SOFTWARE, INC.

FILED Feb 16, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2061 INDIAN RIVER BLVD 1555 INDIAN RIVER BLVD STE B-115 STE 201 VERO BEACH, FL 32961 VERO BEACH, FL 32961 **Current Mailing Address: New Mailing Address:** PO BOX 5388 VERO BEACH, FL 32961 FEI Number: 55-0624066 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: NAEREBOUT, TOM NAEREBOUT, TOM 2061 INDIAN RIVER BLVD 1555 INDIAN RIVER BLVD VERO BEACH, FL 32960 US STE B-115 VERO BEACH, FL 32960 US 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: 02/16/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCD ( ) Delete Title: (X) Change ( ) Addition CHANDLER, CATHERINE C CHANDLER, CATHERINE C Name: Name: 2061 INDIAN RIVER BLVD 1555 INDIAN RIVER BLVD, STE B-115 Address: Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: VERO BEACH, FL 32960 Title: VTD Title: (X) Change ( ) Addition () Delete NAEREBOUT, THOMAS C Name: Name: NAEREBOUT, THOMAS C 2061 INDIAN RIVER BLVD 1555 INDIAN RIVER BLVD, STE B115 Address: Address: VERO BEACH, FL VERO BEACH, FL City-St-Zip: City-St-Zip: Title: Title: VD. () Delete () Change () Addition NARUM, CHERYL K Name: Name: 5602 36TH ST S Address: Address: City-St-Zip: FARGO, ND City-St-Zip: Title: SD () Delete Title: () Change () Addition HAMRA, DONNA K Name: Name: Address: 3324 PENNSYLVANIA AVE Address: City-St-Zip: City-St-Zip: CHARLESTON, WV Title: Title: () Delete () Change () Addition NARUM, RICK Name: Name: 5602 36TH ST S Address: Address: City-St-Zip: FARGO, ND City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS C NAEREBOUT VTD 02/16/2005