

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002052

Entity Name: CCV SOFTWARE, INC.

FILED
Jun 16, 2006
Secretary of State

Current Principal Place of Business:

1555 INDIAN RIVER BLVD
STE B-115
VERO BEACH, FL 32961

New Principal Place of Business:

Current Mailing Address:

PO BOX 5388
VERO BEACH, FL 32961

New Mailing Address:

FEI Number: 55-0624066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NAEREBOUT, TOM
1555 INDIAN RIVER BLVD
STE B-115
VERO BEACH, FL 32960 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: CHANDLER, CATHERINE C
Address: 1555 INDIAN RIVER BLVD, STE B-115
City-St-Zip: VERO BEACH, FL 32960

Title: VTD () Delete
Name: NAEREBOUT, THOMAS C
Address: 1555 INDIAN RIVER BLVD, STE B115
City-St-Zip: VERO BEACH, FL

Title: VD () Delete
Name: NARUM, CHERYL K
Address: 5602 36TH ST S
City-St-Zip: FARGO, ND

Title: SD () Delete
Name: HAMRA, DONNA K
Address: 3324 PENNSYLVANIA AVE
City-St-Zip: CHARLESTON, WV

Title: D () Delete
Name: NARUM, RICK
Address: 5602 36TH ST S
City-St-Zip: FARGO, ND

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: MCCAUGHEY, ISABELL
Address: 16 MCKEE DR
City-St-Zip: MAHWAH, NJ 07430

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: THOMAS NAEREBOUT

TREA

06/16/2006

Electronic Signature of Signing Officer or Director

Date