

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002094

FILED
Aug 04, 2009
Secretary of State

Entity Name: SOFTCHOICE CORPORATION

Current Principal Place of Business:

173 DUFFERIN STREET
SUITE 200
TORONTO ONTARIO CANADA, M6K3H

Current Mailing Address:

173 DUFFERIN ST., STE. 200
TORONTO, ONTARIO CANADA
M6K 3H7, XX

New Principal Place of Business:

173 DUFFERIN STREET
SUITE 200
TORONTO ONTARIO CANADA, ON M6K3H7 CA

New Mailing Address:

173 DUFFERIN ST.,
SUITE 200
TORONTO, ON M6K3H7 CA

FEI Number: 13-3827773 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PD () Delete
Name: MACDONALD, DAVE
Address: 28 DELHI CRESCENT
City-St-Zip: UNIONVILLE, ONTARIO L3R 4J6,

Title: VSTD () Delete
Name: BRACE, ANNE
Address: 53 DALEWOOD ROAD
City-St-Zip: TORONTO ONTARIO CANADA,

Title: CFO () Delete
Name: BRACE, ANNE
Address: 53 DALEWOOD ROAD
City-St-Zip: TORONTO ONTARIO CANADA,

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:

I hereby certify that the information supplied with this filing does not qualify 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: DAVE MACDONALD

PD

08/04/2009

Electronic Signature of Signing Officer or Director

_____ Date