


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90125 001 ***550.00

DOCUMENT # F99000006200					
1. Entity Name SOURCEFORGE, INC.					
Principal Place of Business 46939 BAYSIDE PARKWAY FREMONT, CA 94538			Mailing Address 46939 BAYSIDE PARKWAY FREMONT, CA 94538		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 77-0399299	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBOD AUGUSTIN, LARRY M 46939 BAYSIDE PARKWAY FREMONT, CA 94538	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Scott E. Howe 46939 Bayside Parkway Fremont, CA 94538	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO JENAB, ALI 46939 BAYSIDE PARKWAY FREMONT, CA 94538	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCF MCELWEE, KATHLEEN 46939 BAYSIDE PARKWAY FREMONT, CA 94538	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MORRIS, PATRICIA 46939 BAYSIDE PARKWAY FREMONT, CA 94538	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUPTA, RAM 46939 BAYSIDE PARKWAY FREMONT, CA 94538	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of Board of Directors Gupta, Ram 46939 Bayside Parkway Fremont, CA 94538	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEUMEISTER, BOB 46939 BAYSIDE PARKWAY FREMONT, CA 94538	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, DAVID B 46939 BAYSIDE PARKWAY FREMONT, CA 94538	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.					
SIGNATURE: _____			July 10, 2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

5106877000
Daytime Phone #