

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

|                                                                                |                                                                                   |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # J10603</b><br>1. Entity Name<br>E Z SOFT BUSINESS SOFTWARE, INC. |  |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                        |                                                            |
|------------------------------------------------------------------------|------------------------------------------------------------|
| Principal Place of Business<br>P.O. BOX 811828<br>BOCA RATON, FL 33481 | Mailing Address<br>P.O. BOX 811828<br>BOCA RATON, FL 33481 |
|------------------------------------------------------------------------|------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number<br>59-2688353                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|                                                                                                                        |                               |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>CASAS, FRANK<br>2901 WASHINGTON RD<br>WEST PALM BEACH, FL 33405 | DO NOT WRITE<br>IN THIS SPACE |
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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 \_\_\_\_\_  
Signature typed or printed in block in registered agent and Not Applicable (11/05) Registered Agent signature required when new person (11/05)

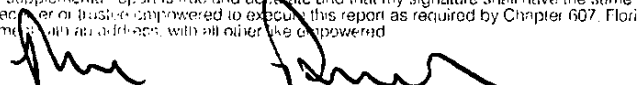
|                                                                                     |                                                                                                                        |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                         |                                                                          |
|----------------------------------------------------|--------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PS<br>BIENSTOCK, ROBERT<br>2901 WASHINGTON RD<br>W. PALM BEACH, FL 33405 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                          |

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01/18/07-80046-025 150.00

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 registered 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 of changed, or on an attachment, with an address, with all other like empowered.

**SIGNATURE:**  **45-09**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR