

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J48234

FILED
Apr 13, 2009
Secretary of State

Entity Name: UNIQUE SOFTWARE SOLUTIONS, INC.

Current Principal Place of Business:

4215 NW 10TH ST
GAINESVILLE, FL 32609 US

New Principal Place of Business:

4424 NW 13TH STREET
SUITE C-11
GAINESVILLE, FL 32609 US

Current Mailing Address:

4215 NW 10TH ST
GAINESVILLE, FL 32609 US

New Mailing Address:

4424 NW 13TH STREET
SUITE C-11
GAINESVILLE, FL 32609 US

FEI Number: 59-2755670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUEÑAS, JOSEPH R
4215 NW 10TH STREET
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

DUEÑAS, JOSEPH R
4424 NW 13TH STREET
SUITE C-11
GAINESVILLE, FL 32609 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: ROY DUEÑAS

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DUEÑAS, JOSEPH R
Address: 4215 NW 10TH ST
City-St-Zip: GAINESVILLE, FL

Title: DVP () Delete
Name: DUEÑAS, MILLENKIS C
Address: 4215 NW 10TH ST
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DUEÑAS, JOSEPH R
Address: 4424 NW 13TH STREET, SUITE C-11
City-St-Zip: GAINESVILLE, FL 32609

Title: DVP (X) Change () Addition
Name: DUEÑAS, MILLENKIS C
Address: 4424 NW 13TH, SUITE C-11
City-St-Zip: GAINESVILLE, FL 32609

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: ROY DUEÑAS

DP

04/13/2009

Electronic Signature of Signing Officer or Director

Date