

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J60199

Entity Name: SOFTWARE DESIGN, INC.

FILED
Apr 10, 2004
Secretary of State

Current Principal Place of Business:

% GIL RIBAL
4324 BAYSHORE BOULEVARD NORTHEAST
ST PETERSBURG, FL 337032528

New Principal Place of Business:

Current Mailing Address:

% GIL RIBAL
4324 BAYSHORE BOULEVARD NORTHEAST
ST PETERSBURG, FL 337032528

New Mailing Address:

FEI Number: 59-2786543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIBAL, GIL
4324 BAYSHORE BOULEVARD NORTHEAST
ST PETERSBURG, FL 33703

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: PST () Delete
Name: RIBAL, GIL,
Address: 4324 BAYSHORE BOULEVARD
City-St-Zip: ST PETERSBURG, FL

Title: D () Delete
Name: RIBAL, L. POLING,
Address: 4324 BAYSHORE BOULEVARD
City-St-Zip: ST PETERSBURG, FL

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: RIBAL, GIL,
Address: 4324 BAYSHORE BOULEVARD
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: D (X) Change () Addition
Name: RIBAL, L. POLING,
Address: 4324 BAYSHORE BOULEVARD
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: VP () Change (X) Addition
Name: JOHNSTON, MITCHELL L
Address: 10210 THICKET POINT WAY
City-St-Zip: TAMPA, FL 33647 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MITCHELL L. JOHNSTON

VP

04/10/2004

Electronic Signature of Signing Officer or Director

Date