## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J62930

DELAND, FL

City-St-Zip:

Entity Name: BYTE/WIDE SOFTWARE, INC.

FILED Jul 02, 2007 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
1826 TWIN OAKS DRIVE PO BOX 1778 DELAND, FL 32720			1826 TWIN OAKS DRI' DELAND, FL 32720	1826 TWIN OAKS DRIVE DELAND, FL 32720	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1826 TWIN PO BOX 1 DELAND, I		≣	1826 TWIN OAKS DRI' DELAND, FL 32720	VE	
FEI Number:	59-2816932	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Regi				New Registered Agent:	
648 S. RID	HN C. ESQUI GEWOOD AV BEACH, FL	Œ.			
	named entity of Florida.	submits this statement for the p	ourpose of changing its registered	I office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( PERRYMAN, F 3333 MARSH F DELAND, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP ( PERRYMAN, F 3333 MARSH F DELAND, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T ( HARRISON, LA 1826 TWIN OA DELAND, FL 3	KS DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	S ( PERRYMAN, F 3333 MARSH F		Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: LAURIE E HARRISON T 07/02/2007