2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # K62786

1. Entity Name
SOFT- ORGWARE INC.

Principal Place of Business	Mailing Address
13416 BUCKETT CIR. PORT CHARLOTTE, FL 33981	C/O SIGRID M. HENSHAW P.O. BOX 150639 CAPE CORAL, FL 33915-0639

01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0096474
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BEAUGRAND, L. DIETER
13416 BUCKETT CIR.
PORT CHARLOTTE, FL 33981

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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: L.D. Beaugrand, President 02/02/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BEAUGRAND, RUTH E.
STREET ADDRESS	13416 BUCKETT CIR.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981
TITLE	DPTS
NAME	LUTZ-DIETER BEAUGRAND
STREET ADDRESS	13416 BUCKETT CIR.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981
TITLE	VP
NAME	ROGER MARCUS
STREET ADDRESS	HILDEGARDSTRASSEE 14
CITY-ST-ZIP	BERLIN, GE 10715
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/20/06-80023-019 150.00

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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: L.D. Beaugrand, President 02/02/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #