2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025539

Entity Name: PROCESS SOFTWARE SOLUTIONS LLC

FILED Apr 24, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

207 VOLLMER AVENUE 635 PARK CREEK TRACE OLDSMAR, FL 34677 ALPHARETTA, GA 30005

Current Mailing Address: New Mailing Address:

207 VOLLMER AVENUE 635 PARK CREEK TRACE OLDSMAR, FL 34677 ALPHARETTA, GA 30005

FEI Number: 56-2301168 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLORIDA INCORPORATORS, INC.

8875 HIDDEN RIVER PKWY STE. 300

TAMPA, FL 33637 US

FLORIDA INCORPORATORS, INC.

8875 HIDDEN RIVER PARKWAY

300

TAMPA, FL 33637 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: BF MEADS 04/24/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 MEADS, BOBBY
 Name:

 Address:
 635 PARK CREEK TRACE
 Address:

 City-St-Zip:
 ALPHARETTA, GA 30005
 City-St-Zip:

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 MORTENSEN, CHARLES JR
 Name:

 Address:
 207 VOLLMER AVENUE
 Address:

 City-St-Zip:
 OLDSMAR, FL 34677
 City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BOBBY F MEADS JR. MGR 04/24/2005