

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L42799

FILED
Feb 27, 2008
Secretary of State

Entity Name: ALLBIZ SOFTWARE CONSULTANTS, INC.

Current Principal Place of Business:

2255 GLADES ROAD
SUITE 324A #1013
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 273528
BOCA RATON, FL 334273528 US

New Mailing Address:

FEI Number: 65-0162419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

W. RODGERS MOORE, P.A.
ONE LINCOLN PLACE, STE. 401
1900 GLADES ROAD
BOCA RATON, FL 33431 US

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: PD () Delete
Name: EDSON, ANNA L
Address: 1320 SW 20TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: DSCH (X) Delete
Name: FOSS, JOHN P
Address: 1320 SW 20TH STREET
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EDSON, ANNA L
Address: 1320 S.W. 20TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANNA EDSON

PD

02/27/2008

Electronic Signature of Signing Officer or Director

Date