


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 30, 2006 08:00 AM  
Secretary of State

DOCUMENT # L87629 1. Entity Name ENVIROSPACE SOFTWARE RESEARCH, INC.	
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Principal Place of Business % GEORGES BLAHA 280 FLAMINGO DRIVE MELBOURNE BEACH, FL 32951	Mailing Address % GEORGES BLAHA 280 FLAMINGO DRIVE MELBOURNE BEACH, FL 32951
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03172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3062810	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BLAHA, GEORGES 280 FLAMINGO DRIVE MELBOURNE BEACH, FL 32951
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD BLAHA, GEORGES 280 FLAMINGO DR. MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD GERIG, STEPHEN R 507 ALHAMBRA RD. VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PTS COLE-BLAHA, PATRICIA 280 FLAMINGO DR MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

U00000486211  
04/13/06-80028-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: <u>Patricia Cole Blaha</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>PATRICIA COLE BLAHA</u> PRESIDENT	Date <u>3/24/06</u>	Daytime Phone # <u>321-725-9224</u>
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