

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90030 045 \*\*\*\*61.25

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01262006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N99000006520</b> 1. Entity Name <b>SOFT NETWORK USERS GROUP, INC.</b>					
Principal Place of Business <b>34350 US HIGHWAY 19 NORTH PALM HARBOR, FL 34684</b>			Mailing Address <b>C/O DONALD P REED 100 SECOND AVE. S., STE 200-S SAINT PETERSBURG, FL 33701</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <b>146 2ND ST. N. SUITE 310 ST. PETERSBURG FL 33701</b>			
4. FEI Number <b>59-3636822</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>REED, DONALD P 100 SECOND AVE., SOUTH, STE 200-S SAINT PETERSBURG, FL 33701</b>			7. Name and Address of New Registered Agent Name <b>DONALD P. REED</b> Street Address (P.O. Box Number is Not Acceptable) <b>146 2nd St. N., Suite 310</b> City <b>St. Petersburg</b> FL Zip Code <b>33701</b>		
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 <u><i>Donald P. Reed</i></u> <b>DONALD P. REED</b> <u>1/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CLARKE, SID 120 BROOKLINE AVE BOSTON, MA 02215</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Lockwood, Sandra 33-57 Harrison St. Johnson City, NY 13790</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD DEUKYRE, KATHY 2218 WIGCON DRIVE LAFAYETTE, IN 47905</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Deakye, Kathy 2218 Wigcon Dr.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LOCKWOOD, SANDRA 33-57 HARRISON ST JOHNSON CITY, NY 13790</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Osborn, Jayme One Perkins Square Akron, OH 44308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BOULETTE, PETER 2401 S 31ST BELTON, TX 76513</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec Harvey, Kathy 602 W. University Ave Urbana, IL. 61801</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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><i>Kathryn L. Deakye</i></u> <b>Kathryn L. Deakye</b> <u>2-14-06</u> <u>765-423-</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					