
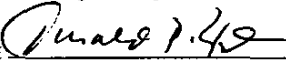
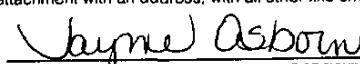


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90333 009 \*\*\*\*61.25

<b>DOCUMENT # N99000006520</b> 1. Entity Name <b>SOFT NETWORK USERS GROUP, INC.</b>					
Principal Place of Business <del>34350 US HIGHWAY 19 NORTH</del> <del>PALM HARBOR, FL 34684</del>			Mailing Address <del>146 2ND ST. N</del> <del>STE. 310</del> <del>SAINT PETERSBURG, FL 33701</del>		
2. Principal Place of Business - No P.O. Box # <b>5400 TECH DATA DR.</b>		3. Mailing Address <b>5400 TECH DATA DR.</b> Suite, Apt. #, etc. <b>ATTN: LEGAL DEPT.</b>			
City & State <b>CLEARWATER, FL</b>		City & State <b>CLEARWATER, FL</b>		4. FEI Number <b>59-3636822</b>	
Zip <b>33760</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REED, DONALD P</b> <del>146 2ND ST. N</del> <del>STE. 310</del> <del>SAINT PETERSBURG, FL 33701</del>			7. Name and Address of New Registered Agent Name <b>REED, DONALD P.</b> Street Address (P.O. Box Number is Not Acceptable) <b>535 CENTRAL AVE., SUITE 411</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  <b>DONALD P. REED</b> DATE <b>2/6/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to 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	P LOCKWOOD, SANDRA 32-57 HENDERSON ST JOHNSON CITY, NY 13790	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. OSBORN, JAYME ONE PERKINS ST. AKRON, OH 44308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DENKYNE, KATHY 2218 WIGCON DRIVE LAFAYETTE, IN 47905	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REYNOLDS, THERESA 1600 LAKE LANDHILLS BLVD. LAKE LAND, FL 33805	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSBORN, JAUNE ONE PERKINS SQUARE AKRON, OH 44308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUI, BOSCO 1440 14TH AVENUE REGINA, SK S4P 0W5	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. HARVEY, KATHY 602 W. UNIVERSITY AVE URBANA, IL 61801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Harvey, Kathy 602 W. University Ave. Urbana, IL 61801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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.					
<b>SIGNATURE:</b>  <b>Jayme Osborn, President</b>			Date <b>3/25/07</b>		Daytime Phone # <b>330-543-8691</b>

Jayme Osborn, President