## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P0000001529

Entity Name: ABACUS SOFTWARE GROUP HOLDINGS, INC.

FILED Aug 09, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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121 MIDDLESEX TPX SUITE 201 BURLINGTON, MA 01803

Current Mailing Address: New Mailing Address:

121 MIDDLESEX TPX SUITE 201 BURLINGTON, MA 01803

FEI Number: 95-3924707 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:

AMERICAN INFORMATION SERVICES, INC.

ONE SE THIRD AVENUE 28TH FLOOR

MIAMI, FL 331311714 US

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: LAURA R DUNLAP 08/09/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: CD (X) Change ( ) Addition Name: FADIA, PRASHANT Name: FADIA, SALONI P

Name:FADIA, PRASHANTName:FADIA, SALONI PAddress:84 MONUMENT FARM ROADAddress:84 MONUMENT FARM ROADCity-St-Zip:CONCORD, MA 01742City-St-Zip:CONCORD, MA 01742 US

Title: D ( ) Delete Title: STD (X) Change ( ) Addition

Name: ROSEN, RICK Name: ROSEN, RICK

Address: 1001 BRICKELL BAY DRIVE 27TH FLOOR Address: 1001 BRICKELL BAY DRIVE 27TH FLOOR

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131 US

Title: D ( ) Delete Title: PD (X) Change ( ) Addition Name: JAROSZ, JOSEPH Name: SHAH, BHAVESH D

Address: 13 MEADOWSWEET RD Address: 57 LAMPLIGHTER LANE
City-St-Zip: WEST NEWBURY, MA 01985 City-St-Zip: CHELMSFORD, MA 01863 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SALONI P FABIA CD 08/09/2006