## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P0000001529

City-St-Zip:

City-St-Zip:

MIAMI, FL 33131 US

CHELMSFORD, MA 01863 US

Entity Name: ABACUS SOFTWARE GROUP HOLDINGS, INC.

FILED Mar 14, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 121 MIDDLESEX TPX SUITE 201 BURLINGTON, MA 01803 **New Mailing Address: Current 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: 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: PTSD (X) Change ( ) Addition FADIA, SALONI P Name: Name: FADIA, SALUNI P 84 MONUMENT FARM ROAD 84 MONUMENT FARM ROAD Address: Address: City-St-Zip: CONCORD, MA 01742 US City-St-Zip: CONCORD, MA 01742 US Title: STD Title: () Delete (X) Change ( ) Addition ROSEN, RICK Name: ROSEN, RICK Name: 1001 BRICKELL BAY DRIVE 27TH FLOOR 1001 BRICKNELL BAY DRIVE STE 2708 Address: Address:

Title: PD (X) Delete Title: ( ) Change ( ) Addition
Name: SHAH, BHAVESH D Name:
Address: 57 LAMPLIGHTER LANE Address:

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

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City-St-Zip:

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SIGNATURE: SALUNI P FADIA P 03/14/2007

above, or on an attachment with an address, with all other like empowered.