

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000003146



1. Entity Name
CL SOFTWARE, INC.

Principal Place of Business
4532 W KENNEDY BLVD, SUITE 313
TAMPA, FL 33609-2539

Mailing Address
4532 W KENNEDY BLVD, SUITE 313
TAMPA, FL 33609-2539

| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # CLIENT SITES + | 3. Mailing Address Suite, Apt. #, etc. PLACE OF BUSINESS |
| City & State City & State | City & State City & State |
| Zip | Country |

03062008 Chg-P CR2E034 (12/06)

| | |
|------------------------------------|--|
| 4. FEI Number 65-0973311 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

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|--|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required <input type="checkbox"/> |
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|---|---|
| 6. Name and Address of Current Registered Agent CZARK, DENNIS 2555 NW 41 STREET BOCA RATON, FL 33434 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P.T. CZARK, DENNIS 2555 NW 41 STREET BOCA RATON, FL 33434 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V.P.S LEACH, KIMBERLEY 9792 VINEYARD COURT BOCA RATON, FL 33428 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 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 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: *Dennis Czark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(DENNIS CZARK - P)

4/13/08

Date

Daytime Phone #

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90027 042 ***150.00

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