2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000012458

City-St-Zip: NEW PORT RITCHEY, FL 34655

Entity Name: SOFTWAREDEFECTS.COM. INC

FILED Apr 16, 2003 Secretary of State

Entity Nar	NE: SOFTWAREDEFECTS.COM, INC.				
Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:		
	N SMOKE DRIVE AKES, FL 34639				
Current Mailing Address:		New Mailing Address	New Mailing Address:		
	N SMOKE DRIVE AKES, FL 34639				
FEI Number:	FEI Number Applied For () FEI Number Not Applicable (X)	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:		t: Name and Address o	Name and Address of New Registered Agent:		
FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DRIVE CLEARWATER, FL 33761 US		24847 GUN SMOKE D	PRIDHAM, THOMAS M MR. 24847 GUN SMOKE DRIVE LAND O LAKES, FL 34639 US		
	named entity submits this statement for e of Florida.	the purpose of changing its registered	d office or registered agent, or both,		
SIGNATUR	RE: THOMAS M. PRIDHAM		04/16/2003		
	Electronic Signature of Registered	d Agent	Date		
	npaign Financing Trust Fund Contribution() S AND DIRECTORS:		S TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P () Delete PRIDHAM, GLORIA J 24847 GUN SMOKE DRIVE LAND O LAKES, FL 34639	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () Delete PRIDHAM, THOMAS M 24847 GUN SMOKE DRIVE LAND O LAKES, FL 34639	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	VP () Delete HARPER, ROBERT L 9914 TREVINO DRIVE	Title: Name: Address:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: THOMAS M. PRIDHAM VP 04/16/2003