2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P00000015080

Entity Name: THINKING CAP SOFTWARE, INC.

Current Principal Place of Business:

2017 N.E. 2ND TERRACE
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

2017 N.E. 2ND TERRACE
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 65-0979946 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHIFFLI, LISA KAY
2017 N.E. 2ND TERRACE
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: SCHIFFLI, ERIC EUGENE
Address: 2017 N.E. 2ND TERRACE
City-St-Zip: CAPE CORAL, FL 33909

Title: T ( ) Delete
Name: SCHIFFLI, LISA KAY
Address: 2017 N.E. 2ND TERRACE
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LISA KAY SCHIFFLI T 04/28/2005

Electronic Signature of Signing Officer or Director Date