

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000022806

Entity Name: SIZE8 SOFTWARE, INC.

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 2318
ALACHUA, FL 32615

New Principal Place of Business:

8202 NW 156 AVE
ALACHUA, FL 32615

Current Mailing Address:

P.O. BOX 2318
ALACHUA, FL 32615

New Mailing Address:

P.O. BOX 2318
ALACHUA, FL 32616

FEI Number: 59-3630491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPELLMAN, SETH W III
15206 NW 89TH ST.
ALACHUA, FL 32615 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: DP () Delete
Name: THOMPSON, RICHARD
Address: 111 NW 79TH DR
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: THOMPSON, DENIA
Address: 111 NW 79TH DR
City-St-Zip: GAINESVILLE, FL 32607

Title: DVST () Delete
Name: JOHNSTON, EDMUND
Address: P.O. BOX 1922
City-St-Zip: ALACHUA, FL 32615

Title: D (X) Delete
Name: HAGGARD, JENNIFER
Address: P.O. BOX 1287
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: EDMUND JOHNSTON

VP

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date