

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000068011

1. Entity Name
SALIENT SOFTWARE SOLUTIONS, INC.



Principal Place of Business
**11701 NW 24TH ST.
FT. LAUDERDALE, FL 33323**

Mailing Address
**11701 NW 24TH ST.
FT. LAUDERDALE, FL 33323**



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
65-1029532

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CULLEN, KATHERINE D
11701 NW 24TH ST.
FT. LAUDERDALE, FL 33323**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CULLEN, KATHERINE D
STREET ADDRESS	11701 NW 24TH ST.
CITY - ST - ZIP	FT. LAUDERDALE, FL 33323
TITLE	D
NAME	LAW, DONNIE B
STREET ADDRESS	7730 NW 11TH PL.
CITY - ST - ZIP	PLANTATION, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/02/06-80130-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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: Katherine D. Cullen Katherine D. Cullen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06 (954) 476-0571
Date Daytime Phone #