

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90103 040 \*\*\*155.00

**DOCUMENT # P00000096990**

1. Entity Name

**SOFTWARE CONSULTANTS (IS), INC.**



Principal Place of Business

**1550 NE MIAMI GARDENS DRIVE  
SUITE 305  
NORTH MIAMI BEACH, FL 33179**

Mailing Address

**1550 NE MIAMI GARDENS DRIVE  
SUITE 305  
NORTH MIAMI BEACH, FL 33179**

**00011285**



01102006

No Chg-P

CR2E034 (11/05)

4. FEI Number

**65-1081217**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**ROSEN, GENE S  
1550 NE MIAMI GARDENS DRIVE  
SUITE 305  
NORTH MIAMI BEACH, FL 33179**

**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 "constating")

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
PROVAN, ALASDAIR M  
1550 NE MIAMI GARDENS DR SUITE 305  
NORTH MIAMI BEACH, FL 33179**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
BALISTER, PAUL  
1550 NE MIAMI GARDENS DR SUITE 305  
NORTH MIAMI BEACH, FL 33179**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALASDAIR M. PROVAN  
PRESIDENT**

Date

Daytime Phone #

**01/17/06 (305) 935 0298**