2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

Secretary of State 02-25-2005 90142 004 ***150.00 DOCUMENT # P00000104804 1. Entity Name RJM SOFTWARE SOLUTIONS, INC. Principal Place of Business Mailing Address 3441 HINSDALE COURT 3441 HINSDALE COURT CLEARWATER, FL 33761 CLEARWATER, FL 33761 2. Principal Place of Business 3. Mailing Address 4604 Tildor 4604 Tudor Chase CR2E034 (10/03) 02072005 Cha-P City & State City & State 4. FEI Number Applied For Toma 59-3682582 Not Applicable ampa Country Zip Country \$8.75 Additional 5. Certificate of Status Desired -USA USA <u> 33626</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTIN, ROBERT J JR. O. Box Number is Not Acceptable) 3441 HINSDALE COURT CLEARWATER, FL 33761 lampa 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 crimed name of regularizational and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE T Change ☐ Addition TITLE Martin, Robert S Sr. MARTIN, ROBERT JUR NAME NAME 3441 HINSDALE COURT 14604 Tudor Chase Dr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33761 CITY-ST-ZIP Tampa FL 33626 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ _ Delete _ Change_ TIFLE HAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ÇITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition HAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify 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 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

FILED Feb 25, 2005 8:00 am