

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000111522

Entity Name: TECHNOSOFT US, INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

1136 RIVEREDGE DRIVE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

1136 RIVEREDGE DRIVE
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 59-3704811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN WINKLE, SHARON D
1136 RIVEREDGE DRIVE
TARPON SPRINGS, FL 34689 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: VAN WINKLE, SHARON D
Address: 1136 RIVEREDGE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: KREINDLER, LIVIU
Address: AL. TIMISUL DE SUS NO. 1 BL. D 16 SCA AP7
City-St-Zip: BUCHAREST, ROMANIA,

Title: D () Delete
Name: MEIER, MARCO
Address: VIA ALDESAGO 1 6977 RUVIGLIANO
City-St-Zip: SWITZERLAND,

Title: DIR () Delete
Name: ANTOGNINI, LUCIANO
Address: BUCHAUX 38
City-St-Zip: BEVAIX , SWITZERLAND, CH 2022 CH

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 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: SHARON D VAN WINKLE

D

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date