


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000044145 1. Entity Name GEAR SOFTWARE HOLDINGS, INC.	
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Principal Place of Business 1 MAIN STREET SUITE 250 TEQUESTA FL 33469	Mailing Address 1 MAIN STREET SUITE 250 TEQUESTA FL 33469
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2. Principal Place of Business - No P.O. Box # State, Apt. #, etc	3. Mailing Address State, Apt. #, etc
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1st MOORE CR2E034 (10/07)

City & State Zip Country	City & State Zip Country
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4. FEI Number 65-1104231	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature: Typed or printed name of registered agent unless it is applicable. (NOTE: Registered Agent Signature required when changing.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WRIGHTSON, FREDERICK W III 200 BIRKDALE LANE JUPITER FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerers.

SIGNATURE: _____ **FREDERICK WRIGHTSON 4/24/08** 561-575-4327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Register Number