

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000057100

FILED
Jan 20, 2005
Secretary of State

Entity Name: THE SOFTWARE SPECIALISTS, INC.

Current Principal Place of Business:

1901 SOUTH HARBOR CITY BLVD
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1901 SOUTH HARBOR CITY BLVD
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-3735719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVERLY, MARK
1733 PINE VALLEY DR
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

HANSON, BRUCE
4300 COUNTRY ROAD
MELBOURNE, FL 32934 US

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: BRUCE HANSON

01/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EVERLY, MARK
Address: 1733 PINE VALLEY DR
City-St-Zip: MELBOURNE, FL 32935 US

Title: D () Delete
Name: HANSON, BRUCE
Address: 4300 COUNTRY ROAD
City-St-Zip: MELBOURNE, FL 32934 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: BRUCE HANSON

D

01/20/2005

Electronic Signature of Signing Officer or Director

Date