

# **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000110436

**FILED  
Jan 07, 2008  
Secretary of State**

**Entity Name:** APPLICATION DESIGN FOR SOFTWARE SOLUTIONS, INC.

**Current Principal Place of Business:**

6148 HALF MOON DR.  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**  
1703 MAGNOLIA AVE  
STE C14  
SO. DAYTONA, FL 32119

**New Mailing Address:**

FEI Number: 59-3757256      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RASKE, JUDITH  
1703 MAGNOLIA AVE  
SO. DAYTONA, FL 32119 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: PSTD ( ) Delete  
Name: RASKE, JUDITH  
Address: 6153 DEL RIO DR  
City-St-Zip: PORT ORANGE, FL 32127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JUDITH RASKE

PSTD

01/07/2008

Electronic Signature of Signing Officer or Director

Date