

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115441

Entity Name: S-SQUARED, INC.

FILED  
Mar 15, 2009  
Secretary of State

## Current Principal Place of Business:

1330 NW 13 STREET  
UNIT 4  
BOCA RATON, FL 33486

## New Principal Place of Business:

6664 SWEET MAPLE LANE  
BOCA RATON, FL 33433

## Current Mailing Address:

1330 NW 13 STREET  
UNIT 4  
BOCA RATON, FL 33486

## New Mailing Address:

6664 SWEET MAPLE LANE  
BOCA RATON, FL 33433

FEI Number: 03-0398323

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MULGREW, BRIAN M  
1330 NW 13 STREET  
UNIT 4  
BOCA RATON, FL 33486 US

## Name and Address of New Registered Agent:

MULGREW, ALLISON K  
6664 SWEET MAPLE LANE  
BOCA RATON, FL 33433 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: ALLISON K. MULGREW

03/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PV ( ) Delete  
Name: MULGREW, BRIAN M  
Address: 1330 NW 13 STREET UNIT 4  
City-St-Zip: BOCA RATON, FL 33486 US

Title: ST (X) Delete  
Name: MULGREW, ALLISON K  
Address: 5740 NE VERDE CIRCLE  
City-St-Zip: BOCA RATON, FL 33487 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change ( ) Addition  
Name: MULGREW, ALLISON K  
Address: 6664 SWEET MAPLE LANE  
City-St-Zip: BOCA RATON, FL 33433 US

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: ALLISON K. MULGREW

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03/15/2009

Electronic Signature of Signing Officer or Director

Date