


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000011549	
1. Entity Name SITE MANAGEWARE, INC.	

Principal Place of Business 2841 W. CYPRESS CREEK FORT LAUDERDALE FL 33309	Mailing Address 2841 W. CYPRESS CREEK FORT LAUDERDALE FL 33309
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FILL IN
SECRETARY OF STATE
DIVISION OF CORPORATIONS



2. Principal Place of Business - No P.O. Box # 2950 W. CYPRESS CREEK ROAD Suite, Apt. #, etc. #300	3. Mailing Address 2950 W. CYPRESS CREEK ROAD Suite, Apt. #, etc. 300
City & State FORT LAUDERDALE, FL Zip 33309 Country U.S.A.	City & State FORT LAUDERDALE, FL Zip 33309 Country U.S.A.

2nd MOORE CR2E034 (4/08)

4. FEI Number 01-0616300	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAY, J ROBERT 2841 W. CYPRESS CREEK RD. FORT LAUDERDALE FL 33309	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2950 W. CYPRESS CREEK ROAD #300 City FORT LAUDERDALE FL Zip Code 33309
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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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	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	CEO DAY, J. ROBERT 2841 W. CYPRESS CREEK RD. FORT LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2950 W. CYPRESS CREEK ROAD, 300 FORT LAUDERDALE, FL, 33309 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTO SHOWALTER, NATHAN 2841 W. CYPRESS CREEK RD. FORT LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2950 W CYPRESS CREEK ROAD, 300 FORT LAUDERDALE, FL, 33309 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100136162471 09/19/08-01052-001 **158-75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Chapter 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 empowered.

SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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