

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000091490**

1. Entity Name  
**BUSINESS SOFTWARE REVIEW, INC.**



Principal Place of Business  
**410 FLAGSHIP DRIVE BUILDING 2 SUITE 702  
NAPLES, FL 34108**

Mailing Address  
**5261 DEEPWOOD ROAD  
BLOOMFIELD HILLS, MI 48302**



07172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>30-0126612</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**O'BRIEN, JENNIFER  
410 FLAGSHIP DRIVE BUILDING 2 SUITE 702  
NAPLES, FL 34108**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000769794  
07/20/07-80005-006 550.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	O'BRIEN, JENNIFER
STREET ADDRESS	5261 DEEPWOOD ROAD
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48302

TITLE	VD
NAME	O'BRIEN, MIKE
STREET ADDRESS	5261 DEEPWOOD ROAD
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48302

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 #

7/11/07 248-540-4855