

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091490

FILED
Feb 22, 2009
Secretary of State

Entity Name: BUSINESS SOFTWARE REVIEW, INC.

Current Principal Place of Business:

410 FLAGSHIP DRIVE BUILDING 2 SUITE 702
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

5261 DEEPWOOD ROAD
BLOOMFIELD HILLS, MI 48302

New Mailing Address:

FEI Number: 30-0126612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BRIEN, JENNIFER
410 FLAGSHIP DRIVE BUILDING 2 SUITE 702
NAPLES, FL 34108 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: P () Delete
Name: O'BRIEN, JENNIFER
Address: 5261 DEEPWOOD ROAD
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: VD () Delete
Name: O'BRIEN, MIKE
Address: 5261 DEEPWOOD ROAD
City-St-Zip: BLOOMFIELD HILLS, MI 48302

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 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: JENNIFER L. O'BRIEN

PRES

02/22/2009

Electronic Signature of Signing Officer or Director

Date