

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000041135

1. Entity Name
RADIANT SOFTWARE SOLUTIONS, INC.



**FILED
Jan 22, 2007 8:00 am
Secretary of State**

01-22-2007 90111 004 ***150.00

Principal Place of Business
**1950 ALBERT LEE PARKWAY
WINTER PARK, FL 32789**

Mailing Address
**501 N. ORLANDO AVE.
SUITE 313, PMB 190
WINTER PARK, FL 32789-7313**

2. Principal Place of Business - No P.O. Box # **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

6. Name and Address of Current Registered Agent

**USHER, WILLIAM T
1950 ALBERT LEE PARKWAY
WINTER PARK, FL 32789**

01182007 Chg-P CR2E034 (12/06)

**4. FEI Number
45-0511705** **Applied For
Not Applicable**

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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 \$150.00
After May 1, 2007 Fee will be \$550.00** **9. Election Campaign Financing
Trust Fund Contribution.** **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, PETER S 2228 WOODCREST DRIVE WINTER PARK, FL 32792	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHAMPAGNE, FRANTZ 1601 GLENHAVEN CIRCLE OCOEE, FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD USHER, WILLIAM T 1950 ALBERT LEE PARKWAY WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: William T. John, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/07

Date

407-628-5343

Daytime Phone #