


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P03000052771 |  |
| 1. Entity Name NECESSARY SOFTWARE, INC. | |

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| Principal Place of Business 1996 BEL AIR STAR PKWY SARASOTA, FL 34240 | Mailing Address 1996 BEL AIR STAR PKWY SARASOTA, FL 34240 |
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03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 01-0783976 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent NORTH, MARCIA 1996 BEL AIR STAR PKWY SARASOTA, FL 34240 |
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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 <u>Marcia North</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE <u>4-11-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 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 | |
|------------------------------------------------|--------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NORTH, MARCIA 1996 BEL AIR STAR PKWY SARASOTA, FL 34240 |
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| <p>U000000319941 04/21/05-80019-009 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Marcia North</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | DATE <u>4-11-05</u> DAYTIME PHONE # <u>399-4052</u> |