

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053221

Entity Name: ABRAMS SOFTWARE, INC.

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

2220 COUNTRY RD. 210 W.
SUITE 108 BOX 258
JACKSONVILLE, FL 32259

New Principal Place of Business:

1830 W COBBLESTONE LN
SAINT AUGUSTINE, FL 32092

Current Mailing Address:

1830 W. COBBLESTONE LANE
SAINT AUGUSTINE, FL 32092

New Mailing Address:

1830 W COBBLESTONE LN
SAINT AUGUSTINE, FL 32092

FEI Number: 36-4525202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAMS, NANCY L
1830 W COBBLESTONE LANE
ST AUGUSTINE, FL 32092 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: PD () Delete
Name: ABRAMS, NANCY L
Address: 1830 W COBBLESTONE LANE
City-St-Zip: ST AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NANCY L ABRAMS

PD

04/22/2008

Electronic Signature of Signing Officer or Director

Date