2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065255

FILED May 01, 2006 Secretary of State

Entity Name: CERTEK SOFTW	/ARE DESIGNS, INC.			
Current Principal Place of Business:		New Principal Place	of Business:	
465 PATRICIA AVENUE SUITE 200				
DUNEDIN, FL 346987872 US				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
465 PATRICIA AVENUE				
SUITE 200 DUNEDIN, FL 346987872 US				
FEI Number: 22-3641196 FEI Nu	mber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
ROBERTS, DAVID W 465 PATRICIA AVENUE SUITE 200				
DUNEDIN, FL 346987872 US				
The above named entity submits in the State of Florida.	this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Electronic Signa	nture of Registered Age	ent	Date	
In accordance with s. 607.193(2)(b), F. Election Campaign Financing Trust Fu		t receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: DCD () Delete		Title: DCD	(V) Ohamaa () Addikian	

Title: () Delete Title: (X) Change () Addition ROBERTS, DAVID W E ROBERTS, DAVID W E Name: Name: 1390 HALES HOLLOW DR. SUITE 200 Address: 1390 HALES HOLLOW DR. SUITE 200 Address:

City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698 US

Title: () Delete Title: VTD (X) Change () Addition

GOLLHARDT, KURT GOLLHARDT, KURT Name: Name: Address: 1000 CENTRAL AVE., APT 65A Address: 655 S. FAIR OAKS AVE WESTFIELD, NJ 070905608 SUNNYVALE, CA 94086 US City-St-Zip: City-St-Zip:

Title: Title: () Change (X) Addition () Delete CFO

BARNES, CHARLES M Name: Name: Address: Address: 1390 HALES HOLLOW DR. City-St-Zip: City-St-Zip: FUNEDIN, FL 34698

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES M. BARNES **CFO** 05/01/2006