


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90192 037 ***150.00

DOCUMENT # P04000100775

1. Entity Name
SOFTWARES SOLUTIONS, INC.



Principal Place of Business
**220 EAST MADISON AVE
 SUITE 1212
 TAMPA, FL 33602**

Mailing Address
**220 EAST MADISON AVE
 SUITE 1212
 TAMPA, FL 33602**

50017288



2. Principal Place of Business
2638 1st Avenue N
 Suite, Apt. #, etc.

3. Mailing Address
793 Adams St.
 Suite, Apt. #, etc.

04182006 Chg-P CR2E034 (11/05)

City & State
St. Petersburg, FL

City & State
Boston, MA

Zip
33705 Country
USA

Zip
02124 Country
USA

4. FEI Number
11-3724211

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**FINNEGAN, WILLIAM P
 220 EAST MADISON AVE
 SUITE 1212
 TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name *Finnegan, William P.*

Street Address (P.O. Box Number is Not Acceptable)
3823 Holiday Lake Drive

City *Holiday* State **FL** Zip Code *33491*

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]* *William Finnegan* (NOTE: Registered Agent signature required when reinstating)

DATE *4/24/06*

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINNEGAN, WILLIAM P 793 ADAMS ST BOSTON, MA 02124 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINNEGAN, DONNA J 793 ADAMS STREET BOSTON, MA 02124 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FINNEGAN, THOMAS F 793 ADAMS STREET BOSTON, MA 02124 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Finnegan, William P. 3823 Holiday Lake Drive Holiday, FL 33491 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* *William Finnegan* DATE *4/24/06* DAYTIME PHONE # *813 318 1456*