

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000100775

FILED
Apr 25, 2008
Secretary of State

Entity Name: SOFTWARE SOLUTIONS, INC.

Current Principal Place of Business:

3823 HOLIDAY LAKE DRIVE
HOLIDAY, FL 33491

New Principal Place of Business:

5223 EHRICK ROAD
SUITE C
TAMPA, FL 33624

Current Mailing Address:

793 ADAMS ST
BOSTON, MA 02124

New Mailing Address:

FEI Number: 11-3724211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINNEGAN, WILLIAM P
3823 HOLIDAY LAKE DR
HOLIDAY, FL 33491 US

Name and Address of New Registered Agent:

FINNEGAN, WILLIAM P
5329 TAYLOR RD.
TAMPA, FL 33618 US

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:

04/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FINNEGAN, WILLIAM P
Address: 3823 HOLIDAY LAKE DR
City-St-Zip: HOLIDAY, FL 33491

Title: PD () Delete
Name: FINNEGAN, DONNA J
Address: 793 ADAMS STREET
City-St-Zip: BOSTON, MA 02124

Title: TD () Delete
Name: FINNEGAN, THOMAS F
Address: 793 ADAMS STREET
City-St-Zip: BOSTON, MA 02124

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FINNEGAN, WILLIAM P
Address: 5329 TAYLOR RD.
City-St-Zip: TAMPA, FL 33618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONNA J. FINNEGAN

PD

04/25/2008

Electronic Signature of Signing Officer or Director

Date