## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000101775

Entity Name: AHI SOFTWARE, INC.

Address:

City-St-Zip:

PMB 382, 226 N. NOVA RD.

ORMAND BEACH, FL 32174 US

FILED Jan 23, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 15476 NW 77 CT #624 MIAMI LAKES, FL 33016 **New Mailing Address: Current Mailing Address:** 533 NORTH NOVA ROAD 15476 NW 77 CT SUITE 215B #624 MIAMI LAKES, FL 33016 US ORMOND BEACH, FL 32174 US FEI Number: 04-3795522 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BERTCH, DONALD 533 NORTH NOVA ROAD SUITE 215B ORMOND BEACH, FL 32174 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition BERTCH, DONALD C Name: Name: 7 CARRINGTON LANE Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 US City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: LOPEZ, ANTHONY Name: 15476 NW 77 CT #624 Address: Address: MIAMI LAKES, FL 33016 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition LOPEZ, ANTHONY Name: Name: 15476 NW 77 CT #624 Address: Address: City-St-Zip: MIAMI LAKES, FL 33016 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BERTCH, DONALD C BERTCH, DONALD C Name: Name:

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.

Address:

City-St-Zip:

7 CARRINGTON LANE

ORMOND BEACH, FL 32174 US

SIGNATURE: DONALD BERTCH PRES 01/23/2007