2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# P04000153302

Entity Name: AUTONOSOFT, INC.

Current Principal Place of Business:

330 PRAIRE DUNE WAY
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

330 PRAIRE DUNE WAY
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 20-1896840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NIDA, JONATHAN
330 PRAIRE DUNE WAY
ORLANDO, FL 32828 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: DP ( ) Delete
Name: NIDA, JONATHAN
Address: 330 PRAIRE DUNE WAY
City-St-Zip: ORLANDO, FL 32828

Title: CEO ( ) Delete
Name: NIDA, JONATHAN
Address: 330 PRAIRE DUNE WAY
City-St-Zip: ORLANDO, FL 32828

Title: DVS ( ) Delete
Name: NIETEN, TERESA
Address: 2600 MOUNT ROYAL PLACE
City-St-Zip: CHULUOTA, FL 32866

Title: DVT ( ) Delete
Name: NIDA, RUSSELL
Address: 801 BRIARGROVE DRIVE
City-St-Zip: LA VERGNE, TN 37086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: RUSSELL E NIDA DVT 04/15/2005

Electronic Signature of Signing Officer or Director — Date