## **2008 FOR PROFIT CORPORATION**

## May 05, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # P05000012125** 1. Entity Name IGNITE SOFTWARE INC. Principal Place of Business Mailing Address 6951 14TH AVE N 6951 14TH AVE N ST. PETERSBURG, FL 33710 US ST. PETERSBURG, FL 33710 CR2E034 (11/05) 04132008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2285670 Not Applicable \$8.75 Additional 5. Certificate of Status Desired الماسمان والمهاأوية والماسك 6. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. DO NOT WRITE 13302 WINDING OAKS BLVD SUITE A-100 IN THIS SPACE TAMPA, FL 33612-3425 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be <u>U00000947540</u> Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE JORDAN, JOSEPH NAME STREET ADDRESS 6951 14TH AVE N CITY-ST-ZIP ST. PETERSBURG, FL 33710 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-08

727-215-233

FILED