2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000028478

1. Entity Name

PANORMA VIEW SOFTWARE CORPORATION



FILED Feb 16, 2007 08:00 AM Secretary of State

Principal Place of Business 45 ST, JOHNS BLVD. ENGLEWOOD, FL 34223 Mailing Address

45 ST. JOHNS BLVD. ENGLEWOOD, FL 34223



A NICT MODITE IN THIS CONCESSION

02072007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4401122

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

OVERHOFF, JUERGEN 45 ST. JOHNS BLVD. ENGLEWOOD, FL 34223

DO NOT WRITE IN THIS SPACE

8. The above the obliga	e named entity submits this statement for the pations of registered agent.	urpose of changing its registered of	office or re	egistered agent, or be	oth, in the State of	Florida. I am familiar with	, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE Registered Ag	eril signatu e	required when terrisrating)		DATE	
	LE NOW!!! FEE IS \$150.00 lay 1, 2007 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution	lg \square	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS	*			The State of the S	· · · · 50 · · · 158 · · ·
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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 life empowered.

SIGNATURE:

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

SIGNATURE AND

AR PRINTED NAME OF SIGNING OFFICER OR DIRECT

JUERGEN OVERHOFF

Daytime Phone #