




# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90007 017 \*\*\*150.00

<b>DOCUMENT # P05000046047</b> 1. Entity Name <b>MIDASOFT INC</b>					
Principal Place of Business <b>8556 GREENBANK BLVD WINDERMERE, FL 34786</b>			Mailing Address <b>8556 GREENBANK BLVD WINDERMERE, FL 34786</b>		
2. Principal Place of Business <b>C/O MARK SMALL</b> Suite, Apt. #, etc. <b>15 CITY ROAD</b> City & State <b>WINCHESTER HAMPSHIRE</b> Zip <b>SO23 8SD</b>		3. Mailing Address <b>C/O MARK SMALL</b> Suite, Apt. #, etc. <b>15 CITY ROAD</b> City & State <b>WINCHESTER HAMPSHIRE</b> Zip <b>SO23 8SD</b>			
Country <b>UK</b>		Country <b>UK</b>		07152006 Chg-P CR2E034 (11/05)	
4. FEI Number <b>20 2570955</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REGISTERED AGENTS LEGAL SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32303</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SMALL, MARK S</b> <b>8556 GREENBANK BLVD</b> <b>WINDERMERE, FL 34786</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SMALL, MARK S</b> <b>15 CITY ROAD</b> <b>WINCHESTER HAMPSHIRE SO23 8SD UK</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>SMALL, MICHELLE A</b> <b>8556 GREENBANK BLVD</b> <b>WINDERMERE, FL 34786</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>SMALL, MICHELLE A</b> <b>15 CITY ROAD</b> <b>WINCHESTER HAMPSHIRE SO23 8SD UK</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			<b>7/15/2006</b> <b>011 44 7817 333123</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		