

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047341

Entity Name: AMSTAR SOFTWARE, INC.

FILED  
Apr 27, 2009  
Secretary of State

## Current Principal Place of Business:

8079 SE 174TH BELHAVEN LOOP  
THE VILLAGES, FL 32162

## New Principal Place of Business:

## Current Mailing Address:

8079 SE 174TH BELHAVEN LOOP  
THE VILLAGES, FL 32162

## New Mailing Address:

FEI Number: 20-2702000

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRETT L. SWIGERT, P.A.  
1231 COUNTY ROAD 452  
EUSTIS, FL 32726 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: PRATT, CHAPIN  
Address: 8079 SE 174TH BELHAVEN LOOP  
City-St-Zip: THE VILLAGES, FL 32162

Title: DVP ( ) Delete  
Name: ARNOLD, GREG  
Address: 417 WASHINGTON PLACE  
City-St-Zip: WYLIE, TX 75098

Title: T ( ) Delete  
Name: PRATT, BEVERLY  
Address: 8079 SE 174TH BELHAVEN LOOP  
City-St-Zip: THE VILLAGES, FL 32162

Title: S ( ) Delete  
Name: ARNOLD, JAMIE  
Address: 417 WASHINGTON PLACE  
City-St-Zip: WYLIE, TX 75098

## 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 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.

SIGNATURE: CHAPIN PRATT

DP

04/27/2009

Electronic Signature of Signing Officer or Director

Date