


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000098385
1. Entity Name
SOFTWARE SALES RESULTS, INC.



Principal Place of Business Mailing Address
405 ISLE BAY DR **405 ISLE BAY DR**
APOLLO BEACH, FL 33572 US **APOLLO BEACH, FL 33572 US**

DO NOT WRITE IN THIS SPACE



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-3169067 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CONNETT, STEPHEN G
213 N PARSONS AVENUE
BRANDON, FL 33510

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000940337
05/28/08-80062-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	TOPLIFFE, KIRK
STREET ADDRESS	405 ISLE BAY DR
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	VSD
NAME	TOPLIFFE, KIMBERLY
STREET ADDRESS	405 ISLE BAY DR
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: Kirk W Topliffe 4/29/08 813 641 1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #