## **2007 FOR PROFIT CORPORATION**

## **FILED** Apr 20, 2007 8:00 am

ANNUAL REPORT							Secretary of State					
DOCUMENT # P06000031046  1. Entity Name SINESOFT, INC.							04-20-2007 90084 002 ***158.75					
Principal Place of Business			Mailing Address			, <b></b>						
3315 DOWNAN POINT DR Land O'lakes, Fl 34638-7817			3315 DOWNAN POINT DR Land O'Lakes, Fl. 34638-7817				•••					
								CENTERNI EEN FEN EEN			B)((180) (180)	
2. Principal Place of Business - No P.O. Box # 14201 13 Rule B. Duwn 5 134vD.			3. Mailing Address 14201 BRUCE B. DOWNS BLVD.,									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04182007	Chg-P	CR2E	034 (12/06	)	
City & Stat	e (AM	PA, FLORIDA	City & State TAMPA,	RII)A		4. FEI Number 74	3167184		<b>⊢</b>	Applied For		
Zip 3	3613	Country USA	Zip 33613	Cou				of Status Desired	\$4	<b>\$8.75</b> A Fee Requi	dditional	
	6. Name	Registered Agent	I			7. Name and	Address of New R	egistered	d Agent			
KAVILAVEETTIL, JIJU 3315 DOWNAN POINT DR LAND O'LAKES, FL 34638-7817					Street Address (P.O. Box Number is Not Acceptable)  City Zip Code							
									F	<b>-</b>   '		
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 (HOTE, Registered Agent signature required when reinstating)  DATE												
*	Signature: type	1 or phillied having of highstered agont ar	от по по паррисавте (по п	Hogisteri	ed Ageni signal	nie vedinied	when reinstating)	***************************************	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financin Trust Fund Contribution.						<b>\$5.</b> Add	00 May Be ed to Fees					
10.	OFFICERS AND DIRECTORS 11						ADDITIONS/	CHANGES TO OFF	ICERS AN	ID DIRECTO	RS IN 11	
TITLE NAME	D KAVILAV	EETTIL, JIJU	Delete	TITE		10	111 111/1/16	(171) (17		☑ Change		
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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:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07 Date

Davime Phone #