


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90226 012 \*\*\*150.00

<b>DOCUMENT # P06000059476</b>	
1. Entity Name <b>SOMERSI SOFTWARE, INCORPORATED</b>	

Principal Place of Business <b>530 E. CENTRAL BLVD. #1003 ORLANDO, FL 32801 US</b>	Mailing Address <b>530 E. CENTRAL BLVD. #1003 ORLANDO, FL 32801 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40084313



01052007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>MOSSERI, MICHAEL 530 E. CENTRAL BLVD. #1003 ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent Name <b>Doug Maniscalco</b> Street Address (P.O. Box Number is Not Acceptable) <b>1315 South International Parkway</b> Suite <b>1101</b> City <b>Lake Mary</b> FL Zip Code <b>32746</b>	
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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 **Doug Maniscalco** DATE **4-20-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MOSSERI, MICHAEL 530 E CENTRAL BLVD #1003 ORLANDO, FL 32801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **[Signature]** DATE **4/20/07** DAYTIME PHONE # **(407) 334-0044**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR