

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000093323

Entity Name: NEUROSOFTE CORP.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

543 NW 77TH STREET
SUITE 220
BOCA RATON, FL 33487

New Principal Place of Business:

10676 PEBBLE COVE LANE
BOCA RATON, FL 33498

Current Mailing Address:

543 NW 77TH STREET
SUITE 220
BOCA RATON, FL 33487

New Mailing Address:

10676 PEBBLE COVE LANE
BOCA RATON, FL 33498

FEI Number: 20-5726325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GAMBONE, DEBORAH
543 NW 77TH STREET
SUITE 220
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

SCHUTTEMEYER, MICHAEL
10676 PEBBLE COVE LANE
BOCA RATON, FL 33498 US

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: MICHAEL SCHUTTEMEYER

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHUTTEMEYER, MICHAEL H
Address: 543 NW 77TH STREET, SUITE 220
City-St-Zip: BOCA RATON, FL 33487

Title: VPD () Delete
Name: THOMAS, DAVID E
Address: 252 WEST REDDING
City-St-Zip: REDDING, CT 06896

Title: AS () Delete
Name: GAMBONE, DEBORAH R
Address: 543 NW 77TH STREET, SUITE 220
City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Delete
Name: FORSELL, RICHARD
Address: 3724 LAKE WASHINGTON BLVD NE
City-St-Zip: KIRKLAND, WA 98033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHUTTEMEYER, MICHAEL H
Address: 10676 PEBBLE COVE LANE
City-St-Zip: BOCA RATON, FL 33498 US

Title: VPD (X) Change () Addition
Name: THOMAS, DAVID E
Address: 252 WEST REDDING
City-St-Zip: REDDING, CT 06896 US

Title: D (X) Change () Addition
Name: FORSELL, RICHARD
Address: 3724 LAKE WASHINGTON BLVD NE
City-St-Zip: KIRKLAND, WA 98033 US

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: MICHAEL SCHUTTEMEYER

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date