

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000093323

FILED  
Sep 16, 2010  
Secretary of State

Entity Name: NEUROSOFTE CORP.

**Current Principal Place of Business:**

10676 PEBBLE COVE LANE  
BOCA RATON, FL 33498

**New Principal Place of Business:**

**Current Mailing Address:**

10676 PEBBLE COVE LANE  
BOCA RATON, FL 33498

**New Mailing Address:**

FEI Number: 20-5726325

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

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

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

Title: D  
Name: RANDOLPH, TURPIN  
Address: 151 MONTE CARLO DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL H SCHUTTEMEYER

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09/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date