

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000047615

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** CLASSIC HOUSING DESIGN SOFTWARE INC.

**Current Principal Place of Business:**

800 VILLAGE SQUARE CROSSING #310  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

800 VILLAGE SQUARE CROSSING #310  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SMITH, ROBERT  
800 VILLAGE SQUARE CROSSING #310  
PALM BEACH GARDENS, FL 33410 US

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

SYLVAN, ROBERT  
800 VILLAGE SQUARE CROSSING #310  
PALM BEACH GARDENS, FL 33410 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: ROBERT SYLVAN

05/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: SYLVAN, ROBERT  
Address: 800 VILLAGE SQUARE CROSSING #310  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: ROBERT SYLVAN

PSTD

05/01/2011

Electronic Signature of Signing Officer or Director

Date