

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000005233

FILED  
Jan 05, 2004  
Secretary of State

Entity Name: SOFTWARE RESOURCES, INC.

## Current Principal Place of Business:

2180 W. STATE RD 434  
STE 6136  
LONGWOOD, FL 32779 US

## New Principal Place of Business:

## Current Mailing Address:

2180 W STATE RD 434  
STE 6136  
LONGWOOD, FL 32779 US

## New Mailing Address:

FEI Number: 59-3150786      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GIAIMO, TAMARA L  
3499 ROCKCLIFF PLACE  
LONGWOOD, FL 32779 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GIAIMO, TAMARA L  
Address: 3499 ROCKCLIFF PLACE  
City-St-Zip: LONGWOOD, FL 32779

Title: VP ( ) Delete  
Name: GIAIMO, JOHN P  
Address: 3499 ROCKCLIFF PLACE  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: GIAIMO, TAMARA L  
Address: 3499 ROCKCLIFF PLACE  
City-St-Zip: LONGWOOD, FL 32779

Title: PD (X) Change ( ) Addition  
Name: GIAIMO, JOHN P  
Address: 3499 ROCKCLIFF PLACE  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN P. GIAIMO

PD

01/05/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date