

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000023245

Entity Name: PILGRIM SOFTWARE, INC.

FILED
Mar 01, 2006
Secretary of State

Current Principal Place of Business:

2807 W. BUSCH BLVD
STE 200
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 340250
TAMPA, FL 33694

New Mailing Address:

2807 W. BUSCH BLVD. SUITE 200
TAMPA, FL 33618 US

FEI Number: 59-3202846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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: UTJI, AMIJATI
Address: P.O. BOX 341451
City-St-Zip: TAMPA, FL 33694

Title: VD () Delete
Name: RAJENDRAN, PRASHANTH
Address: 6006 CHELLAS CT.
City-St-Zip: LUTZ, FL 33558

Title: ST () Delete
Name: LEEFLANG, SIMAJATI
Address: 1117 KINGFISH PLACE
City-St-Zip: APOLLO BEACH, FL 33572

Title: VPRD () Delete
Name: RISAL, ATULYA
Address: 18819 CHOPIN DRIVE
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: BENNETT, STEPHEN A
Address: 1 HARBOUR PLACE #375
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: GUY, PHIL
Address: 107 BOX OAK
City-St-Zip: SAN ANTONIO, TX 78230

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: RAJENDRAN, PRASHANTH
Address: 4809 SKY BLUE DRIVE
City-St-Zip: LUTZ, FL 33558

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPRD (X) Change () Addition
Name: RISAL, ATULYA
Address: 1409 BRILLIANT CUT WAY
City-St-Zip: VALRICO, FL 33594

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SIMAJATI LEEFLANG

ST

03/01/2006

Electronic Signature of Signing Officer or Director

Date