2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# P93000066484

Entity Name: SOFTWARE MANAGEMENT CONSULTANTS INC.

Current Principal Place of Business:

235 HUNT CLUB BLVD., STE 101
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

235 HUNT CLUB BLVD., STE 101
B208
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3206598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAIORELLO, ALFRED
235 HUNT CLUB BLVD., STE 101
SUITE B208
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: P ( ) Delete
Name: MAIORIELLO, ALFRED
Address: 380 SEMORAN COMMERRCE PLACE #B208
City-St-Zip: APOPKA, FL

Title: V ( ) Delete
Name: LEE, RONNIE
Address: 612 QUAIL DRIVE
City-St-Zip: CHERAW, SC 29520

Title: V ( ) Delete
Name: JORDAN, IV A
Address: 121-A DR, AHRDDY CIRCLE
City-St-Zip: DILLON, SC

Title: ST ( ) Delete
Name: JORDAN, THOMAS M
Address: 116 DR HARDY CIRCLE
City-St-Zip: DILLON, SC

Title: V ( ) Delete
Name: JORDAN, L. COOPER
Address: 225 LAKESIDE DRIVE
City-St-Zip: DILLON, SC 29536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: ALFRED MAIORIELLO PRES 04/21/2008
Electronic Signature of Signing Officer or Director Date