

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000066484

FILED  
Apr 29, 2009  
Secretary of State

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: A MAIORIELLO

P

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date