

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000083612

FILED
Apr 30, 2004
Secretary of State

Entity Name: SINGULARITY SOFTWARE, INC.

Current Principal Place of Business:

925 CENTRAL PARKWAY
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

944 CENTRAL PARKWAY
STUART, FL 34994

New Mailing Address:

FEI Number: 65-0467325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORNE, SANDRA
1625 SW ABINGDON AVE
PORT ST. LUCIE, FL 34953 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: CEO () Delete
Name: THORNE, JEREMY
Address: 1625 SW ABINGDON AVE
City-St-Zip: PT ST LUCIE, FL 34953 US

Title: TS () Delete
Name: THORNE, SANDRA
Address: 1625 SW ABINGDON AVE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: COO (X) Change () Addition
Name: THORNE, SANDRA
Address: 1625 SW ABINGDON AVE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

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: SANDRA THORNE

COO

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date