2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/12

FILED
Apr 22, 2008 8:00 am
Secretary of State

03-27-2008 90032 045 ***150.00

DOCUMENT # P95000040271

1. Entity Name

ENABLESOFT, INC.

Principal Place of Business	Mailing Address
1870 ALOMA AVENUE SUITE 200 WINTER PARK FL 32789 US	1870 ALOMA AVENUE SUITE 200 WINTER PARK FL 32789 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3316646 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILAM, RICHARD L
1870 ALOMA AVENUE
SUITE 200
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 3/11/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO	☐ Delete
NAME	MILIAM, RICHARD	
STREET ADDRESS	1870 ALOMA AVENUE, SUITE 200	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	PCEO	☒ Delete
NAME	HEUREUX, SCOTT L	
STREET ADDRESS	1870 ALOMA AVENUE SUITE #200	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Change ☐ Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Change ☐ Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Change ☐ Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Change ☐ Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Change ☐ Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/11/08 407 256-1256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #