2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# P95000077608

Entity Name: BISCAYNE BAY SOFTWARE, INC.

Current Principal Place of Business:

1500 SAN REMO AVE
#145
CORAL GABLES, FL 33146 US

New Principal Place of Business:

283 CATALONIA AVENUE
#200
CORAL GABLES, FL 33134 US

Current Mailing Address:

1500 SAN REMO AVE
#145
CORAL GABLES, FL 33146 US

New Mailing Address:

283 CATALONIA AVENUE
#200
CORAL GABLES, FL 33134 US

FEI Number: 65-0632814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JARVIS, JAMES W
1500 SAN REMO AVE
#145
CORAL GABLES, FL 33146N US

Name and Address of New Registered Agent:

JARVIS, JAMES W
283 CATALONIA AVENUE
#200
CORAL GABLES, FL 33134 US

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: 04/16/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CARVER, FRANKLIN
Address: 1500 SAN REMO, SUITE 145
City-St-Zip: CORAL GABLES, FL 33146

Title: SEC ( ) Delete
Name: JARVIS, LINDA M
Address: 1500 SAN REMO, SUITE 145
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CARVER, FRANKLIN
Address: 283 CATALONIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: SEC (X) Change ( ) Addition
Name: JARVIS, LINDA M
Address: 283 CATALONIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

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: FRANKLIN D. CARVER DIR 04/16/2008
Electronic Signature of Signing Officer or Director Date