

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90024 012 \*\*\*150.00

<b>DOCUMENT # P95000080939</b> 1. Entity Name <b>MOSAIC SOFTWARE INC.</b>						
Principal Place of Business <b>800 FAIRWAY DR SUITE 198 DEERFIELD BEACH, FL 33441 US</b>			Mailing Address <b>800 FAIRWAY DR SUITE 198 DEERFIELD BEACH, FL 33441 US</b>			
2. Principal Place of Business  Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>3500 Lenox Rd. Suite 200 Atlanta GA 30326 USA</b>				
4. FEI Number <b>65-0613823</b>			Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICES COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DREYER, JOHANN 7300 ANNAPOLIS LN PARKLAND, FL 33067</b>		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>cfo Matthew Hale 3500 Lenox Rd, Ste 200 Atlanta, GA 30326</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Richard Dobb 3500 Lenox Rd, Ste 200 Atlanta, GA 30326</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.						
<b>SIGNATURE:</b> _____			<b>3-30-06</b>		<b>404-923-3500</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>	