2007 FOR PROFIT CORPORATION

ANNUAL.REPORT **FILED** Jan 17, 2007 08:00 AM Secretary of State DOCUMENT # P95000092421 PST SOFTWARE, INC. Principal Place of Business Mailing Address 2808 N FEDERAL HWY 2808 N FEDERAL HWY FT LAUDERDALE, FL 33306 FT LAUDERDALE, FL 33306 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0633657 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **GUERTIN, PATRICK** DO NOT WRITE 4330 NW 101 DR CORAL SPRINGS, FL 33065-6608 IN THIS SPACE 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. (NOTE: Registered Agent signature required when rainstating) DATE Signature, typed or printed name of registered agent and title if applicable U000000587751 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 01/17/07-80044-018 150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE NAME GUERTIN, PATRICK STREET ADDRESS 4330 NW 101 DR CITY-ST-ZIP CORAL SPRINGS, FL 33065 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-SI-ZIP TITLE

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 explowered 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 v with all other like empowered

SIGNATURE: 2

NAME STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #