## 2005 FOR PROFIT CORPORATION

## Mar 18, 2005 8:00 am Secretary of State **ANNUAL REPORT** 03-18-2005 90073 037 \*\*\*150.00 DOCUMENT # P96000000638 STERN & MORROW SOFTWARE CONSULTING, INC. Principal Place of Business Mailing Address 50027764 11301 CORAL REEF DRIVE %BLAKESBERG & CO BOCA RATON, FL 33498 951 SW 4TH AVE BOCA RATON, FL 33432 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc 03052005 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0630436 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLAKESBERG, JON D Street Address (P.O. Box Number is Not Acceptable) 951 SW 4TH AVE BOCA RATON, FL 33432 Zip Code City 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 ☐ to Added to Fees After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. □ Change Addition ☐ Defete TITLE TITLE NAME NAME URI, STERN J 11301 CORAL REEF DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33498 CITY-ST-ZIP TITLE ☐ Change Addition Delete STERN, DORI L NAME NAME 11301 CORAL REEF DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33498 Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify 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 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 attachme

SIGNATURE:

561-750-8300

FILED