

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000062554

FILED  
Jan 20, 2005  
Secretary of State

Entity Name: STREET SOFTWARE TECHNOLOGY, INC.

## Current Principal Place of Business:

1702 COSTA DEL SOL  
BOCA RATON, FL 33432 US

## New Principal Place of Business:

## Current Mailing Address:

1702 COSTA DEL SOL  
BOCA RATON, FL 33432 US

## New Mailing Address:

FEI Number: 65-0689016

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHEN, SHARON  
1702 COSTA DEL SOL  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

COHEN, MARK  
1702 COSTA DEL SOL  
BOCA RATON, FL 33432 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: MARK COHEN

01/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PC ( ) Delete  
Name: COHEN, SHARON  
Address: 1702 COSTA DEL SOL  
City-St-Zip: BOCA RATON, FL 33432

Title: DV ( ) Delete  
Name: COHEN, MARK  
Address: 1702 COSTA DEL SOL  
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete  
Name: HRANNARSSON, KJARTAN  
Address: 1702 COSTA DEL SOL  
City-St-Zip: BOCA RATON, FL 33432

Title: XX ( ) Delete  
Name: XX  
Address: XX  
City-St-Zip: XX, XX XX

Title: XX ( ) Delete  
Name: XX  
Address: XX  
City-St-Zip: XX, XX XX

Title: ST ( ) Delete  
Name: BRAFMAN, MILTON  
Address: 1702 COSTA DEL SOL  
City-St-Zip: BOCA RATON, FL 33432

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCST (X) Change ( ) Addition  
Name: COHEN, MARK  
Address: 1702 COSTA DEL SOL  
City-St-Zip: BOCA RATON, FL 33432

Title: XX (X) Change ( ) Addition  
Name: XX, XX  
Address: XX  
City-St-Zip: XX, XX XX

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: XX (X) Change ( ) Addition  
Name: XX, XX  
Address: XX  
City-St-Zip: XX, XX XX

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK COHEN

PCST

01/20/2005

Electronic Signature of Signing Officer or Director

Date