FILED
May 14, 2007 8:00 am
Secretary of State
05-14-2007 90099 020 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000022936

1. Entity Name
GEOSOFT INC.

40113531

Principal Place of Business	Mailing Address
1040 CLEMONS ST JUPITER, FL 33477	POB 9081 JUPITER, FL 33468

03142007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #: 1040 Clemons st
Suite, Apt. #, etc.
City & State: Jupiter FL
Zip: 33477 Country: USA

3. Mailing Address: PO 9081
Suite, Apt. #, etc.
City & State: Jupiter FL
Zip: 33468 Country: USA

4. FEI Number: 65-0760379 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COLE, TOM D
140 INTRACOASTAL PTE DR, STE 305
JUPITER, FL 33477

7. Name and Address of New Registered Agent
Name: Stewart Said
Street Address (P.O. Box Number is Not Acceptable): 1040 Clemons st
City: Jupiter FL Zip Code: 33477

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLINS, LINDA 1040 CLEMONS ST JUPITER, FL 33477	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SAID, STEWART J 1040 CLEMONS ST JUPITER, FL 33477	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: Linda Collins Linda Collins 3/28/07 561-747-7848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #