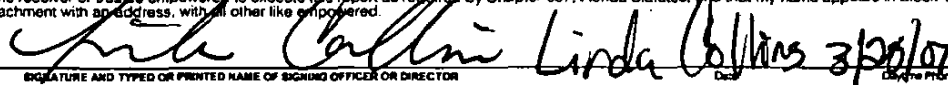


FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90099 020 ***158.75

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000022936			
1. Entity Name GEOSOFT INC.			
Principal Place of Business 1040 CLEMONS ST JUPITER, FL 33477		Mailing Address POB 9081 JUPITER, FL 33468	
2. Principal Place of Business - No P.O. Box # 1040 Clemons st		3. Mailing Address PO 9081	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jupiter FL		City & State Jupiter FL	
Zip 33477		Zip 33468	
Country USA		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: _____ (NOTE: Registered Agent signature required when renouncing) 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: COLLINS, LINDA STREET ADDRESS: 1040 CLEMONS ST CITY-ST-ZIP: JUPITER, FL 33477		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: SAID, STEWART J STREET ADDRESS: 1040 CLEMONS ST CITY-ST-ZIP: JUPITER, FL 33477		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
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 3/20/07			

40113531



03142007 Chg-P CR2E034 (12/06)

561-771-7848