## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000068076

Entity Name: SHELL SOFT INC.

City-St-Zip:

SANTA CLARA, CA 95051

FILED Jan 06, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
4655 OLD IRON SIDES DRIVE 260				4655 OLD IRON SIDES DRIVE 210		
SANTA CLARA, CA 95054				SANTA CLARA, CA 95054		
Current Mailing Address:				New Mailing Address:		
4655 OLD IRON SIDES DRIVE 260				4655 OLD IRON SIDES DRIVE 210		
SANTA CLARA, CA 95054 US				SANTA CLARA, CA 95054 US		
FEI Number:	94-3285382	FEI Number Applied For ( )	FEI Nun	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SINGIREDDY, SUKHENDER 880 RIVER SIDE RD ORMOND BEACH, FL 32176 US				DOMA, SANTOSH 7990 BAYMEADOWS RD, # E 110 JACKSONVILLE, FL 32256 US		
	named entity s e of Florida.	submits this statement for the p	ourpose o	f changing its registere	d office or registered agent, or both,	
SIGNATURE: DOMA SANTOSH				01/06/2006		
	Electron	ic Signature of Registered Age	ent		Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () SINGIREDDY, I 3344 FALLS CF SAN JOSE, CA	REEK DR		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	O () SINGINEDDY, N 3344 FALLS CF SAN JOSE, CA	REEK DR		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	O () SINGIREDDY, I 131 SARATOGA			Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: KONDAL SINGIREDDY O 01/06/2006