

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90217 007 ***158.75

50014294



02012006 Chg-P CR2E034 (11/05)

DOCUMENT # P98000046398 1. Entity Name SEAMLESS SOFTWARE, INC.					
Principal Place of Business C/O WILLIAM A. BOYLES 301 E. PINE ST. SUITE #1400 ORLANDO, FL 32801			Mailing Address C/O WILLIAM A. BOYLES 301 E. PINE ST. SUITE #1400 ORLANDO, FL 32801		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3518117	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOYLES, WILLIAM A 301 EAST PINE STREET SUITE 1400 ORLANDO, FL 32801			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTD <input type="checkbox"/> Delete KUHN, THOMAS 1200 SCOTIA DRIVE #401 LAKE WORTH, FL 33462		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10117 NEWINGTON DRIVE ORLANDO, FL 32836	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input type="checkbox"/> Delete KUHN, CARMA 1200 SCOTIA DRIVE #401 LAKE WORTH, FL 33462		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10117 NEWINGTON DRIVE ORLANDO, FL 32836	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Thomas L. Kuhn</u> THOMAS L. KUHN 4/13/2006 407 362-1574 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

GRAY | ROBINSON
ATTORNEYS AT LAW

ATTACHMENT

50014294

SUITE 1400
301 EAST PINE STREET (32801)
P.O. BOX 3068
ORLANDO, FL 32802-3068
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JACKSONVILLE
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TALLAHASSEE
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407-244-5636

WBOYLES@GRAY-ROBINSON.COM

April 17, 2006

Annual Reports Filing
Division of Corporations
Post Office Box 1500
Tallahassee, FL 32302-1500

Re: Seamless Software, Inc.
Document #: P98000046398

Dear Sir or Madam:

I am enclosing with this letter the above-referenced Uniform Business Report. Also enclosed is a check in the amount of \$150.00 representing the filing fee and \$8.75 to cover the fee for a Certificate of Status. Please forward the Certificate of Status for this corporation to the undersigned.

If you have any questions with respect to this filing, please feel free to contact the undersigned

Sincerely,

William A. Boyles
William A. Boyles

WAB/bsb
Enclosure

cc: Mr. Thomas Kuhn

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