FILED Apr 23, 2002 8:00 am Secretary of State 04-23-2002 90430 027 ***158.75

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P980001 1. Entity Name Easy Soft,	NC V		636474	0.02) 130.73
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 1187 SW 149 th Lane Same			_	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State Sunrise, FL	City & State		4. FEI Number 65-0864954	Applied For
	-Zip	Country	5. Certificate of Status Desired	Not Applicable \$8.75 Additional
		Name ()	7. Name and Address of Current Registered	Fee Required Agent
DO NOT WRITE IN THIS SPACE		Street Address (P.O. Box Number is Not Acceptable) 1187 5W 149 Th Lane		
		City		7in Code
8. The above named entity submits this statement for the	Durpose of changing its re	Jan	rise FL	Zip Code 333 26
SIGNATURE Signature, typed or printed name of registered agent and or	PRE	Registered Agent signature requir		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 Fee is \$ After May 1, Fee is \$55 Amended UBR is \$61. Make Check Payable to Departn		, Fee is \$550.00 UBR is \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND DIR	ECTORS		W60	e se one el fen
NAME WE'S UN		TITLE NAME		
STREET ADDRESS 1187 SW 149 74	lane	STREET ADDRESS		
Sunvise, FL 333:	26	CITY-ST-ZIP .		
NAME		NAME		
STREET ADDRESS CITY-S1-ZIP		STREET ADDRESS CITY-ST-ZIP	- 「「「」「」「」「「」「「」「「」「」「「」「」「」「」「」「」「」「」「」	
NILE	<u> </u>	TITLE	The state of the s	A house
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP	DO NOT WRIT	ΓE
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CITY-ST-ZIP		CITY-ST-ZIP		7.4
ITLE IAME		TITLE		
TREET ADDRESS		NAME STREET ADDRESS	Contract to	
ITY-ST-ZIP		CITY-ST-ZIP	_	
ITLE IAME		THILE		
TREE1 ADDRESS		NAME STREET ADDRESS		
11Y - S1 - ZIP		CITY-ST-ZIP		
3. I hereby certify that the information supplied with this findicated on this report or supplemental report is true of the corporation or the receiver or trustee empower attachment with an address, with all other like empowers that the corporation of the corporation of the receiver or trustee empowers that the corporation of the c	ed to execute this report as	s required by Chapter 6	07. Florida Statutes: and that my name appears i	n an officer or director in Block 11 or on an
SIGNATURE AND TYPEO OR PRINTED	NAME OF SIGNING OFFICER OR D	PRESID	Date 305	8045823