

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000096302

Entity Name: QIRRA CUSTOM SOFTWARE, INC.

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

3728 PHILLIPS HWY
SUITE 64
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

5620 GLENRIDGE DR NE
ATTN: TAX DEPT
ATLANTA, GA 30342

New Mailing Address:

FEI Number: 59-3580932 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND BLVD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHD () Delete
Name: CRAWFORD, THOMAS W
Address: 5620 GLENRIDGE DR NE
City-St-Zip: ATLANTA, GA 30342

Title: PD () Delete
Name: THOMAS, LARRY
Address: 3728 PHILLIPS HWY STE 64
City-St-Zip: JACKSONVILLE, FL 32207

Title: EVPD () Delete
Name: GIBLIN, JOHN F
Address: 5620 GLENRIDGE DR NE
City-St-Zip: ATLANTA, GA 30342

Title: SVPS () Delete
Name: NELSON, ALLEN W
Address: 5620 GLENRIDGE DR NE
City-St-Zip: ATLANTA, GA 30342

Title: SVPT () Delete
Name: CAPORASO, JOSEPH R
Address: 5620 GLENRIDGE DR NE
City-St-Zip: ATLANTA, GA 30342

Title: D () Delete
Name: PORTER, PHILIP G
Address: 5620 GLENRIDGE DR NE
City-St-Zip: ATLANTA, GA 30342

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVPD (X) Change () Addition
Name: SWAIN, W. B
Address: 5620 GLENRIDGE DR NE
City-St-Zip: ATLANTA, GA 30342

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ALLEN W. NELSON

SVPS

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date