# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2004**
**Secretary of State**

DOCUMENT# P99000029970

**Entity Name:** NETSOFT CREATIONS, INC.

**Current Principal Place of Business:**

11349 SW 69TH LN
MIAMI, FL 33173

**New Principal Place of Business:**

12717 BUTLER BAY CT
WINDERMERE, FL 34786

**Current Mailing Address:**

11349 SW 69TH LN
MIAMI, FL 33173

**New Mailing Address:**

12717 BUTLER BAY CT
WINDERMERE, FL 34786

**FEI Number: 65-0907417** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEGAL, DAVID M
11349 SW 69TH LN
MIAMI, FL 33173 US

**Name and Address of New Registered Agent:**

SEGAL, DAVID M
12717 BUTLER BAY CT
WINDERMERE, FL 34786 US

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: _____ 04/27/2004
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: SEGAL, DAVID M PH.D
Address: 11349 SW 69TH LN
City-St-Zip: MIAMI, FL 33173

Title: VSTD ( ) Delete
Name: SEGAL, REBECA M
Address: 11349 SW 69TH LN
City-St-Zip: MIAMI, FL 33173

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: SEGAL, DAVID M PH.D
Address: 12717 BUTLER BAY CT
City-St-Zip: WINDERMERE, FL 34786

Title: VSTD (X) Change ( ) Addition
Name: SEGAL, REBECA M
Address: 12717 BUTLER BAY CT
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID M SEGAL PD 04/27/2004
Electronic Signature of Signing Officer or Director — Date