2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000029970

1. Éntity Name

NETSOFT CREATIONS, INC.



FILED
May 03, 2007 08:00 A
Secretary of State

Principal Place of Business

12717 BUTLER BAY CT WINDERMERE, FL 34786 Mailing Address

12717 BUTLER BAY CT WINDERMERE, FL 34786



DO NOT WRITE IN THIS SPACE

05012007 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0907417

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

			1			
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registe	red office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Circums			·		
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered.			ed Agent signatur	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	U00000758719 05/24/07-80014-015 150.00	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEGAL, DAVID M PH.D 12717 BUTLER BAY CT WINDERMERE, FL 34786					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SEGAL, REBECA M 12717 BUTLER BAY CT WINDERMERE, FL 34786			•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/31/67

4079027008

Daytime Phone #