

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000031396

FILED
Apr 27, 2005
Secretary of State

Entity Name: MULTISOFT BUSINESS SOLUTIONS, INC.

Current Principal Place of Business:

11850 9TH ST. NORTH #11205
ST. PETERSBURG, FL 33716

New Principal Place of Business:

6327 CLEARMEADOW CT
WINDERMERE, FL 34786

Current Mailing Address:

11850 9TH ST. NORTH #11205
ST. PETERSBURG, FL 33716

New Mailing Address:

6327 CLEARMEADOW CT
WINDERMERE, FL 34786

FEI Number: 65-1020837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POTLAPALLI, SRINIVAS
11850 9TH ST., N., #11205
ST.PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

POTLAPALLI, PRAVEENA
6327 CLEARMEADOW 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: PRAVEENA POTLAPALLI

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: POTLAPALLI, SRINIVAS
Address: 11850 9TH STREET NORTH,APT#11205
City-St-Zip: ST.PETERSBURG, FL 33716

Title: D () Delete
Name: POTLAPALLI, SRINIVAS
Address: 11850 9TH STREET NORTH,APT#11205
City-St-Zip: ST.PETERSBURG, FL 33716

Title: VP () Delete
Name: POTLAPALLI, SRINIVAS MR.
Address: 11850 9TH STREET NORTH,APT#11205
City-St-Zip: ST.PETERSBURG, FL 33716 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: POTLAPALLI, PRAVEENA
Address: 1208 HIDDEN RIDGE
City-St-Zip: IRVING, TX 75038

Title: D (X) Change () Addition
Name: POTLAPALLI, PRAVEENA
Address: 1208 HIDDEN RIDGE,APT 2034
City-St-Zip: IRVING, TX 75038

Title: VP (X) Change () Addition
Name: POTLAPALLI, PRAVEENA
Address: 1208 HIDDEN RIDGE,APT 2034
City-St-Zip: IRVING, TX 75038 US

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: PRAVEENA POTLAPALLI

PT

04/27/2005

Electronic Signature of Signing Officer or Director

Date