


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 21, 2007 8:00 am**  
**Secretary of State**

06-21-2007 90023 003 \*\*\*150.00

DOCUMENT # P99000034749

1. Entity Name  
 SOFTWARE SYNERGY, INC.



40121348



Principal Place of Business  
 9650 S. OCEAN DRIVE  
 1910  
 JENSEN BEACH, FL 34957

Mailing Address  
 9650 S. OCEAN DRIVE  
 1910  
 JENSEN BEACH, FL 34957

2. Principal Place of Business - No P.O. Box #  
 176 SUGAR PLUM DR.  
 Suite, Apt. #, etc.

3. Mailing Address  
 176 SUGAR PLUM DR.  
 Suite, Apt. #, etc.

06192007 Chg-P CR2E034 (12/06)

City & State  
 TALLAHASSEE, FL

City & State  
 TALLAHASSEE, FL

Zip  
 32312

Country  
 LEON

Zip  
 32312

Country  
 LEON

4. FEI Number  
 59-3570216

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DINGER, ROBERT F  
 9650 S. OCEAN DRIVE  
 1910  
 JENSEN BEACH, FL 34957

7. Name and Address of New Registered Agent  
 Name  
 DINGER, ROBERT F  
 Street Address (P.O. Box Number is Not Acceptable)  
 176 SUGAR PLUM DR  
 City  
 TALLAHASSEE FL Zip Code  
 32312

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Robert F. Dinger* PRESIDENT 06/19/2007  
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DINGER, ROBERT F		NAME DINGER, ROBERT F.	
STREET ADDRESS 9650 S. OCEAN DRIVE		STREET ADDRESS 176 SUGAR PLUM DRIVE	
CITY-ST-ZIP JENSEN BEACH, FL 34957		CITY-ST-ZIP TALLAHASSEE, FL 32312	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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: *Robert F. Dinger* PRESIDENT 06/19/2007 850-212-3601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #