

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90021 037 \*\*\*150.00

<b>DOCUMENT # P99000087643</b>					
<b>1. Entity Name</b> LMV SOFTWARE, INC.					
<b>Principal Place of Business</b> 5026 IBIS PLACE COCONUT CREEK, FL 33073			<b>Mailing Address</b> 5026 IBIS PLACE COCONUT CREEK, FL 33073		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0953232	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
FISCHER, MICHAEL 5025 IBIS PLACE COCONUT CREEK, FL 33073			Name Street Address (P.O. Box Number is Not Acceptable) 19234 SOUTH CREEKSHORE COURT City: BOCA RATON FL Zip Code: 33498		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISCHER, MICHAEL H 6392 VIA ROSA BOCA RATON, FL 33436482		TITLE NAME STREET ADDRESS CITY-ST-ZIP	19234 SOUTH CREEKSHORE COURT BOCA RATON FL 33498	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD FISCHER, LASZLO 5026 IBIS PLACE COCONUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FISCHER, VIBEKE 5026 IBIS PLACE COCONUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
<b>SIGNATURE:</b> <u>Laszlo Fischer</u> <b>1-6-05</b> <b>9545713886</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					