


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90194 036 ***150.00

DOCUMENT # S42672 1. Entity Name SOFTWARE SOLUTIONS PLUS, INC.																											
Principal Place of Business 1709 N. LAKESHORE DR. SARASOTA, FL 34231 SARASOTA, FL 34231 US		Mailing Address 15 PARADISE PLAZA 283 SARASOTA, FL 34239 US																									
2. Principal Place of Business - No P.O. Box # 1709 N. Lakeshore Dr Suite, Apt. #, etc.		3. Mailing Address 1709 N. Lakeshore Dr Suite, Apt. #, etc.																									
City & State Sarasota, FL		City & State Sarasota, FL																									
Zip 34231		Zip 34231																									
Country Sarasota		Country Sarasota																									
4. FEI Number 65-0253935		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent ENGELS, CHARLOTTE L. 1709 N. LAKESHORE DR SUITE 102 SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ENGELS, CHARLOTTE L.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15 CROSSROADS #283</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	ENGELS, CHARLOTTE L.		STREET ADDRESS	15 CROSSROADS #283		CITY-ST-ZIP	SARASOTA, FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">MRS</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Charlotte Engels</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1709 N. Lakeshore Dr</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Sarasota, FL 34231</td> <td></td> </tr> </table>		TITLE	MRS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Charlotte Engels		STREET ADDRESS	1709 N. Lakeshore Dr		CITY-ST-ZIP	Sarasota, FL 34231	
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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: <u>Charlotte Engels</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/23/07</u> Daytime Phone #: <u>941-925-2542</u>																									