

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V64497

FILED
Apr 26, 2006
Secretary of State

Entity Name: IFA SOFTWARE & MARKETING CORP.

Current Principal Place of Business:

100 N. BISCAYNE BLVD.
21ST FLOOR
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

100 N. BISCAYNE BLVD.
21ST FLOOR
MIAMI, FL 33132

New Mailing Address:

FEI Number: 65-0387627 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUR, THOMAS
100 N BISCAYNE BLVD
21ST FLOOR NEW WORLD TOWER
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PUELZ, JOCHEN,
Address: LIELIGSH 3
City-St-Zip: DUESSELDORT, GM 40479

Title: D (X) Delete
Name: WAEDLICH, RAINER,
Address: ALTER WICKSHAEUSER WEG 8
City-St-Zip: DARMSTADT, GM 64291

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WAEDLICH, RAINER,
Address: ALTER WICKSHAEUSER WEG 8
City-St-Zip: DARMSTADT, . D-64291

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: THOMAS BAUR

RA

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date