

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 14, 2007 8:00 am
Secretary of State

08-28-2007 90023 026 ***150.00

DOCUMENT # P06000020462
 1. Entity Name
IB SOFTWARE MANAGEMENT, INC.



Principal Place of Business Mailing Address
306 BAY DRIVE SOUTH **306 BAY DRIVE SOUTH**
BRADENTON BEACH FL 34217 **BRADENTON BEACH FL 34217**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number
20-4318407 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

66021966



2nd MOORE CR2E034 (4/07)

6. Name and Address of Current Registered Agent
NEVIN, HUGH W JR.
27200 RIVERVIEW CENTER BLVD.
SUITE 309
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007
Make Check Payable to Florida Department of State.

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President INA S. Fleishman 306 BAY Drive South Bradenton Beach FL 34217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary David B. Binder 55 Polono Dr Pittsburgh, PA 15242	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ina S. Fleishman* Ina S. Fleishman 8/22/07 412-760-9165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

66021966
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note

Every thing Remains the same as
previously reported. Any mailings before
Nov. 1, 2007 should go to our Pittsburgh
Address at : 718 Ivy St
Pgh PA 15232

Ina S. Fleishman
Ina S. Fleishman
8 -22 -07