


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000025477
 1. Entity Name
 ECYBER ASSISTANT, LLC



Principal Place of Business: 1101 N. LAKE DESTINY ROAD STE. 200 MAITLAND, FL 32751
 Mailing Address: 1101 N. LAKE DESTINY ROAD STE. 200 MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE



02282007No Chg-LLC CR2E083 (11/05)

4. FEI Number: 54-2116507 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 BROWN, L. THOMAS
 1101 N. LAKE DESTINY ROAD STE. 200
 MAITLAND, FL 32751

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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 reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

1000000654873
 03/13/07-80080-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRP
NAME	BROWN, L. THOMAS
STREET ADDRESS	1101 NORTH LAKE DESTINY RD #200
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Thomas Brown* 3/1/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #