

FILED  
Jul 11, 2005 8:00 am  
Secretary of State

07-11-2005 90125 027 \*\*\*558.75

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P0000037324

1. Entity Name:  
CYBERADS, INC.

Principal Place of Business: 21073 POWERLINE ROAD SUITE 57 BOCA RATON FL 33433 US

Mailing Address: 21073 POWERLINE ROAD SUITE 57 BOCA RATON FL 33433 US

2. Principal Place of Business: 370 AMAPOLA SUITE 202 TORRANCE CA 90501 USA

3. Mailing Address: 370 AMAPOLA SUITE 202 TORRANCE CA 90501 USA

4. FEI Number: 65-1000634

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: [Blank]

7. Name and Address of New Registered Agent:  
Name: WALT TATUM  
Street Address: 1074 FROST ST.  
City: WELAKA FL 32193

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 [Director] the obligations of registered agent.

SIGNATURE: [Signature] Director WALT TATUM Director 7/6/05

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

10. OFFICERS AND DIRECTORS:

TITLE: DPST	NAME: TATUM, WALT	STREET ADDRESS: 21073 POWERLINE ROAD	CITY ST ZIP: BOCA RATON FL 33433	<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 10:

TITLE: DST	NAME: WALT TATUM	STREET ADDRESS: 370 AMAPOLA #202	CITY ST ZIP: TORRANCE, CA 90501	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P	NAME: JEFF CRISWELL	STREET ADDRESS: 370 AMAPOLA #202	CITY ST ZIP: TORRANCE, CA 90501	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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 exemption stated in Section 119.07(3)(g), Florida Statutes. I hereby 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. I am [Director] 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 on Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] JEFF CRISWELL 7/6/05

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07052005 Chg-P CR2E034 (10/03)

Applied For: No. Applicable

7/6/05