

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 19, 2005 8:00 am**  
**Secretary of State**

08-19-2005 90009 020 \*\*\*150.00

**DOCUMENT # P03000054469**

1. Entity Name  
**TECHSPHERE, INC.**



Principal Place of Business  
**320 SE MIZNER BLVD #1102  
BOCA RATON, FL 33432**

Mailing Address  
**320 SE MIZNER BLVD #1102  
BOCA RATON, FL 33432**

**50062481**



2. Principal Place of Business  
**28TH AVE. AT PORT IMPERIAL**  
Suite, Apt. #, etc.  
**#329**

3. Mailing Address  
**28TH AVE. AT PORT IMPERIAL**  
Suite, Apt. #, etc.  
**#329**

07262005 Chg-P CR2E034 (10/03)

City & State  
**WEST NEW YORK, NJ**

City & State  
**WEST NEW YORK, NJ**

4. FEI Number  
**41-2095797**  
Applied For  
☐ Not Applicable

Zip  
**07093**  
Country  
**U.S.A.**

Zip  
**07093**  
Country  
**U.S.A.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CIMBER, AMY**  
**320 SE MIZNER BLVD #1102**  
**BOCA RATON, FL 33432**

Name  
**CIMBER-SUKIENNIK, AMY**

Street Address (P.O. Box Number is Not Acceptable)  
**C/O RICHARD AMADO, CPA**

**7101 W. MCNAB RD, #201**

City  
**TAMARAC** **FL** Zip Code  
**33321**

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: *Amy C. Cimper-Sukiennik*

**7/28/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPVT**  
**CIMBER, AMY**  
**320 SE MIZNER BLVD #1102**  
**BOCA RATON, FL 33432** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D,P,V,T**  
**CIMBER-SUKIENNIK, AMY**  
**28TH AVE. AT PORT IMPERIAL #329**  
**WEST NEW YORK, NJ 07093** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**MOORE, JOAN**  
**26 FARNWORTH AVE.**  
**BOCA RATON, FL 33486** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**MAREK Sukiennik**  
**28 Avenue at Port Imperial # 329**  
**West New York, 07093** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Amy C. Cimper-Sukiennik* **AMY CIMBER-SUKIENNIK, PRESIDENT** **7/28/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #