


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P29275
 1. Entity Name
 THE SYGMA NETWORK, INC.



Principal Place of Business 5550 BLAZER PARKWAY #300 DUBUN, OH 43017	Mailing Address 5550 BLAZER PARKWAY #300 DUBUN, OH 43017
---	---

DO NOT WRITE IN THIS SPACE



07192005 No Chg-P CR2E034 (10/03)

4. FEI Number 76-0254608	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CAPITOL CORPORATE SERVICES, INC.
 1333 NORTH DUVAL ST.
 TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

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

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NICHOLS, MICHAEL C 12155 MAPLE ROCK HOUSTON, TX 77077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARSHALL, GREGORY K. 8 WEXFORD CT HUDSON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEASEY, STEPHEN M. 5617 PRESWICK DR DUBLIN, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EPPLER, RONALD H 3929 FAIRLINGTON COLUMBUS, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN0000374613
 07/26/05-80008-007 150.00

DO NOT WRITE IN THIS SPACE

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: Ronald H Eppler, CFO Date: 7-19-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR