

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006499

FILED
Jul 06, 2004
Secretary of State

Entity Name: CYENCE INTERNATIONAL USA INC.

Current Principal Place of Business:

5959 CENTRAL AVENUE
SUITE 103
SAINT PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

5959 CENTRAL AVENUE
SUITE 103
SAINT PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 59-3760087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: MCINTOSH, GREG
Address: 5515 NORTH SERVICE RD. SUITE 200
City-St-Zip: BURLINGTON, ONT., CANADA,

Title: V () Delete
Name: CUMBY, MICHAEL
Address: 5959 CENTRAL AVENUE
City-St-Zip: SAINT PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG MCINTOSH

PS

07/06/2004

Electronic Signature of Signing Officer or Director

_____ Date