
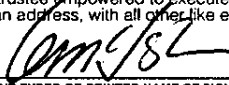


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90010 008 \*\*\*150.00

DOCUMENT # F01000006499			
1. Entity Name CYENCE INTERNATIONAL USA INC.			
Principal Place of Business 5959 CENTRAL AVENUE SUITE 103 SAINT PETERSBURG, FL 33710		Mailing Address 5959 CENTRAL AVENUE SUITE 103 SAINT PETERSBURG, FL 33710	
2. Principal Place of Business		3. Mailing Address <b>5519 NORTH SERVICE RD.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>SUITE 200</b>	
City & State		City & State <b>BURLINGTON, ON</b>	
Zip	Country	Zip	Country
		<b>L7L 6G4</b>	<b>CANADA</b>
4. FEI Number 59-3760087		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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
FL			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MCINTOSH, GREG 5515 NORTH SERVICE RD. SUITE 200 BURLINGTON, ONT., CANADA. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO</b> <b>WESLEY DEAN</b> <b>1610 HEATHROW DR</b> <b>CUMMING, GA 30041</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CUMBY, MICHAEL 5959 CENTRAL AVENUE SAINT PETERSBURG, FL 33710 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: 		Greg McIntosh, CA President & Chief Financial Officer Cyence International Inc.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <b>2/26/06</b> Daytime Phone #: <b>905 331 9105</b>	