

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000004467**

1. Entity Name  
**THE CYLIX CORPORATION**



Principal Place of Business  
**2637 TOWNSGATE ROAD  
SUITE 200  
WESTLAKE VILLAGE, CA 91361**

Mailing Address  
**2637 TOWNSGATE ROAD  
SUITE 200  
WESTLAKE VILLAGE, CA 91361**



01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**11-2684886**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**POPE, NICHOLAS A  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801**

**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 \_\_\_\_\_  
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  
After May 1, 2006 Fee will be \$550.00**

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

1100000410864

02/09/06-80049-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	CEOP
NAME	THOMAS, JAMES W
STREET ADDRESS	2637 TOWNSGATE ROAD, SUITE 300
CITY-ST-ZIP	WESTLAKE VILLAGE, CA 91361
TITLE	VTD
NAME	TOUMAZOS, DIMITRI N
STREET ADDRESS	7575 DR. PHILLIPS BOULEVARD, SUITE 260
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	SD
NAME	POPE, NICHOLAS A
STREET ADDRESS	215 NORTH EOLA DRIVE
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	D
NAME	HUMMELL, ALBERT F
STREET ADDRESS	2637 TOWNSGATE ROAD, SUITE 300
CITY-ST-ZIP	WESTLAKE VILLAGE, CA 91361
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_ **James W. Thomas 1/17/06 805-379-3155**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #