


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90091 018 ***150.00

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
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DO NOT WRITE IN THIS SPACE

01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-2684886	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent POPE, NICHOLAS A 215 NORTH EOLA DRIVE ORLANDO, FL 32801
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**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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP THOMAS, JAMES W 2637 TOWNSGATE ROAD, SUITE 300 WESTLAKE VILLAGE, CA 91361
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD TOUMAZOS, DIMITRI N 7575 DR. PHILLIPS BOULEVARD, SUITE 260 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POPE, NICHOLAS A 215 NORTH EOLA DRIVE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMMELL, ALBERT F 2637 TOWNSGATE ROAD, SUITE 300 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** 1/25/07 805-379-3155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #