2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # F02000004467

1. Entity Name
THE CYLIX CORPORATION

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

01142008 No Chg-P CR2E034 (11/05)

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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

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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
After May 1, 2008 Fee will be $550.00

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

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	

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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 1/16/08 805-379-3155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #