

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000003302**

1. Entity Name  
CYBER-TEST, INC.



Principal Place of Business  
448 COMMERCE WAY, SUITE 100  
FLORIDA CENTRAL COMMERCE PARK  
LONGWOOD, FL 32750

Mailing Address  
448 COMMERCE WAY, SUITE 100  
FLORIDA CENTRAL COMMERCE PARK  
LONGWOOD, FL 32750



03212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1106218

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

**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, 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          | PSTD                                |
| NAME           | WELTON, LISA                        |
| STREET ADDRESS | 448 COMMERCE WAY, STE 100           |
| CITY-ST-ZIP    | LONGWOOD, FL 32750                  |
| TITLE          | V                                   |
| NAME           | SUTLIVE, THOMAS                     |
| STREET ADDRESS | 448 COMMERCE WAY, STE 100           |
| CITY-ST-ZIP    | LONGWOOD, FL 32750                  |
| TITLE          | C                                   |
| NAME           | DANSON, WAYNE J                     |
| STREET ADDRESS | 420 LEXINGTON AVENUE, SUITE 2739    |
| CITY-ST-ZIP    | NEW YORK, NY 10170                  |
| TITLE          | D                                   |
| NAME           | LICHTMAN, JONATHAN J ESQ            |
| STREET ADDRESS | 120 E PALMETTO PARK ROAD, SUITE 100 |
| CITY-ST-ZIP    | BOCA RATON, FL 33432                |
| 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #