

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002017

FILED  
Jan 18, 2006  
Secretary of State

Entity Name: CEREBIT SECURITY APPLICATIONS, INC.

## Current Principal Place of Business:

14499 N. DALE MABRY HWY. STE. 266  
TAMPA, FL 33618

## New Principal Place of Business:

## Current Mailing Address:

14499 N. DALE MABRY HWY. STE. 266  
TAMPA, FL 33618

## New Mailing Address:

FEI Number: 72-1589191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUGUAY, FREDERICK  
14499 N. DALE MABRY HWY. STE. 266  
TAMPA, FL 33618 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BLACKBURN, FREDERIC S  
Address: 16403 AVILA BLVD.  
City-St-Zip: TAMPA, FL 33613

Title: S ( ) Delete  
Name: DUGUAY, FREDERICK  
Address: 14499 N. DALE MABRY HWY. STE. 266  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: REED, DAVID  
Address: 14499 N. DALE MABRY HWY. STE. 266  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: SLANTS, PAUL  
Address: 690 LEE RD., STE. 310  
City-St-Zip: WAYNE, PA 33618

Title: D ( ) Delete  
Name: MORRISON, PAUL  
Address: 3300 SOUTH PARKER RD., STE. 500  
City-St-Zip: AURORA, CO 800143522

Title: D ( ) Delete  
Name: HUSSAIN, BASIT  
Address: 16467 TURNBURY OAK DR.  
City-St-Zip: ODESSA, FL 33556

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SLAATS, PAUL  
Address: 690 LEE RD., STE. 310  
City-St-Zip: WAYNE, PA 33618

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERICK DUGUAY

S

01/18/2006

Electronic Signature of Signing Officer or Director

Date