

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003068

FILED  
Apr 24, 2012  
Secretary of State

Entity Name: CYRACOM INTERNATIONAL INC.

**Current Principal Place of Business:**

5780 N. SWAN RD.  
TUCSON, AZ 85718

**New Principal Place of Business:**

**Current Mailing Address:**

5780 N. SWAN RD.  
TUCSON, AZ 85718

**New Mailing Address:**

FEI Number: 36-4036218

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**OFFICERS AND DIRECTORS:**

Title: CFOD  
Name: SWEENEY, SUSAN  
Address: 5780 N. SWAN RD.  
City-St-Zip: TUCSON, AZ 85718

Title: D  
Name: TUMARKIN, GERALD  
Address: 5780 N. SWAN RD.  
City-St-Zip: TUCSON, AZ 85718

Title: CEOC  
Name: WOAN, JEREMY  
Address: 5780 N. SWAN RD.  
City-St-Zip: TUCSON, AZ 85718

Title: D  
Name: SEARS, ALEXANDER  
Address: 5780 N. SWAN RD.  
City-St-Zip: TUCSON, AZ 85718

Title: D  
Name: FRIEND, DAVID  
Address: 5780 N. SWAN RD.  
City-St-Zip: TUCSON, AZ 85718

Title: D  
Name: WILLIS, WAYNE  
Address: 5780 N. SWAN RD.  
City-St-Zip: TUCSON, AZ 85718

I hereby 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 all other like empowered.

SIGNATURE: SUSAN SWEENEY

S

04/24/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date