

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K06622

Entity Name: ANOCIS, INC.

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

% DAVID J. SICONA
5751-B YOUNGQUIST ROAD
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

% DAVID J. SICONA
5751-B YOUNGQUIST ROAD
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 65-0020961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SICONA, DAVID J.
5751-B YOUNGQUIST ROAD
FORT MYERS, FL 33912 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: SICONA, DAVID J.,
Address: 5751-B YOUNGQUIST ROAD
City-St-Zip: FORT MYERS, FL 33912

Title: ST () Delete
Name: SICONA, PHYLLIS K.,
Address: 15324 BRIAR RIDGE CIR
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: SICONA, PHYLLIS K.,
Address: P.O. BOX 994
City-St-Zip: FLORAL CITY, FL 33908

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: PHYLLIS SICONA

ST

04/18/2007

Electronic Signature of Signing Officer or Director

_____ Date