


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 17 AM 10:25

DOCUMENT # N01000001456	
1. Entity Name SIMBROS, INC.	

Principal Place of Business 16242 MAHAN DR TALLAHASSEE, FL 32309	Mailing Address 16242 MAHAN DR TALLAHASSEE, FL 32309
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04172008 Chg-NP CR2E037 (12/06)

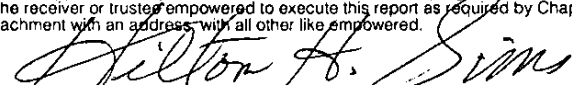
4. FEI Number 59-3731286		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SIMS, LARRY W 2416 THORTON DR. TALLAHASSEE, FL 32308		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SIMS, HILTON H		NAME				
STREET ADDRESS	4254 HEATHERWOOD DR.		STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP				
TITLE	ESD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SIMS, N. ARGEAN		NAME				
STREET ADDRESS	4254 HEATHERWOOD DR.		STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SIMS, LARRY W		NAME				
STREET ADDRESS	2416 THORTON RD.		STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SIMS, GWYNN E		NAME				
STREET ADDRESS	14745 LANGFORD LANE		STREET ADDRESS				
CITY-ST-ZIP	FOLEY, AL 36535		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SIMS, GLENN E		NAME				
STREET ADDRESS	16246 E. MAHAN DR.		STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SIMS, RAYMOND C		NAME				
STREET ADDRESS	16250 E. MAHAN DR.		STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP				

500123872675
04/17/08--01007--006 **61.25

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 617, 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: 		4-17-08 (850) 228-7504	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	