## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000038326

City-St-Zip: ROCKLEDGE, FL 329560017

Entity Name: CYBERSPACE HOMESITES & ASSOCIATES INC.

FILED Mar 21, 2009 Secretary of State

| <b>Current Principal Place of Business:</b><br>128 E. MERRITT ISLAND CSWY<br>MERRITT ISLAND, FL 32952 |  | New Principal Place of Business:  950 LEVITT PARKWAY ROCKLEDGE, FL 32956 |  |                          |
|---|--|--|--|--------------------------|
|   |  |  |  | Current Mailing Address: |
| PO BOX 560017<br>ROCKLEDGE, FL 329  | 956 US                                       |  |  |                          |
| FEI Number: 59-3686739  | FEI Number Applied For ( )                   | FEI Number Not Applicable ( )  | Certificate of Status Desired ( )            |                          |
| Name and Address of Current Registered Agent:   |  | Name and Address o   | Name and Address of New Registered Agent:    |                          |
| CHARLES, SCHUER(<br>950 LEVITT PARKWA<br>ROCKLEDGE, FL 329  | Υ  |  |  |                          |
| The above named enti<br>in the State of Florida.  | ty submits this statement for the            | purpose of changing its registered                                       | d office or registered agent, or both,       |                          |
| SIGNATURE:  |  |  |  |                          |
| Electronic Signature of Registered Agent  |  | ent  | Date   |                          |
| Election Campaign Finan   | cing Trust Fund Contribution ( ).            |  |  |                          |
| OFFICERS AND DIRECTORS:   |  | ADDITIONS/CHANGE   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |                          |
|   | ( ) Delete<br>ER, CHARLES L<br>CE BOX 560017 | Title:<br>Name:<br>Address:  | ( ) Change ( ) Addition                      |                          |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES L. SCHUERGER PRES 03/21/2009