## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000053596

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Entity Name: CYBER STRATEGIES, INC.

() Delete

( ) Delete

15103 HARBOUR VISTA CIRCLE

SAINT AUGUSTINE, FL 32080

PAVELLE, SUZANNA

PAVELLE, MATTHEW

3645 CRAZY HORSE TRAIL

ST. AUGUSTINE, FL 32086

FILED Jan 25, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2155 OLD MOULTRIE RD STE 201 ST. AUGUSTINE. FL 32086				23 SANCHEZ AVE ST. AUGUSTINE, FL 32086		
,				New Mailing Address.		
Current Mailing Address:				New Mailing Address:		
2155 OLD MOULTRIE RD STE 201 ST. AUGUSTINE, FL 32086				23 SANCHEZ AVE ST. AUGUSTINE, FL 32086		
FEI Number: 5	6-2087438	FEI Number Applied For ( )	FEI Nun	nber Not Applicable ( )	Certifica	ite of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MONEY, BRIAN CEO 2155 OLD MOULTIRE RD STE 201 SAINT AUGUSTINE, FL 32086 US				MONEY, BRIAN CEO 23 SANCHEZ AVE SAINT AUGUSTINE, FL	32086	US
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: BRIAN MONEY					0	1/25/2005
	Electroni	Signature of Registered Age	nt			Date
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Name: Address:	PD () I MONEY, BRIAN 3645 CRAZY HO ST. AUGUSTINE			Title: ( Name: Address: City-St-Zip:	) Change	( ) Addition

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRIAN MONEY PD 01/25/2005

() Change () Addition

() Change () Addition