# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000053596

Entity Name: CYBER STRATEGIES, INC.

FILED Jun 02, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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23 SANCHEZ AVE 1835 US 1 SOUTH ST. AUGUSTINE, FL 32084 SUITE 119-120

ST. AUGUSTINE, FL 32084

Current Mailing Address: New Mailing Address:

23 SANCHEZ AVE 1835 US 1 SOUTH ST. AUGUSTINE, FL 32084 SUITE 119-120

ST. AUGUSTINE, FL 32084

FEI Number: 59-3649561 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

#### Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MATTHEW, PAVELLE COO
23 SANCHEZ AVE
SAINT AUGUSTINE, FL 32084 US
SUZANNA, PAVELLE COO
3645 CRAZY HORSE TRAIL
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: SUZANNA PAVELLE 06/02/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

### **OFFICERS AND DIRECTORS:**

#### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MONEY, BRIAN
 Name:

 Address:
 3645 CRAZY HORSE TRAIL
 Address:

 City-St-Zip:
 ST. AUGUSTINE, FL 32086
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 PAVELLE, SUZANNA
 Name:

 Address:
 3645 CRAZY HORSE TRAIL
 Address:

 City-St-Zip:
 ST. AUGUSTINE, FL 32086
 City-St-Zip:

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PAVELLE, MATTHEW
 Name:

 Address:
 11103 HARBOUR VISTA CIRCLE
 Address:

 City-St-Zip:
 SAINT AUGUSTINE, FL 32080
 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: SUZANNA PAVELLE SD 06/02/2009