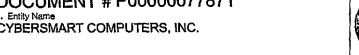
## 2005 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P00000077871** CYBERSMART COMPUTERS, INC.

**FILED** May 03, 2005 08:00 AN Secretary of State

CR2E034 (10/03)



Principal Place of Business

945 WEST MICHIGAN AVENUE

UNIT #4C

PENSACOLA, FL 32505

Mailing Address

945 WEST MICHIGAN AVENUE

UNIT #4C

PENSACOLA, FL 32505



| DO | NOT | WRITE | IN THIS | SPACE |
|----|-----|-------|---------|-------|
|----|-----|-------|---------|-------|

| 4. FEI Number | FEI Number        | Applied For    |
|---------------|-------------------|----------------|
|               | <u>59-3667214</u> | Not Applicable |

5. Certificate of Status Desired

04232005

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMB, KENNETH E 845 WEST MICHIGAN AVENUE UNIT 4C PENSACOLA, FL 32505

SIGNATURE:

| DC | NOT  | WRITE |
|----|------|-------|
| IN | THIS | SPACE |

No Cha-P

|                                                                                                                                                          | named entity submits this statement for the plans of registered agent.                                                                                                                               | urpose of changing its regi                                                                                            | istered office or re                                        | gistered agent, or bo                                                   | oth, in the State of Florida. I am familiar with, and accept                                                                                                                    |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when refusating)  DATE |                                                                                                                                                                                                      |                                                                                                                        |                                                             |                                                                         |                                                                                                                                                                                 |  |  |
| FILE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.                               |                                                                                                                                                                                                      |                                                                                                                        |                                                             | \$5.00 May Be<br>Added to Fees                                          |                                                                                                                                                                                 |  |  |
| 10.                                                                                                                                                      | OFFICERS AND DIREC                                                                                                                                                                                   | CTORS                                                                                                                  |                                                             | a . L. Tomarin Sometime                                                 | PRESENTE OF PROPERTY.                                                                                                                                                           |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                    | PD<br>LAMB, KENNETH E<br>945 WEST MICHIGAN AVENUE, UNIT<br>PENSACOLA, FL 32505                                                                                                                       | Г 4С                                                                                                                   |                                                             |                                                                         |                                                                                                                                                                                 |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                    |                                                                                                                                                                                                      |                                                                                                                        |                                                             |                                                                         | U00000359192<br>05/04/05-80144-024 150.00                                                                                                                                       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                           |                                                                                                                                                                                                      |                                                                                                                        |                                                             | DO                                                                      | NOT WRITE                                                                                                                                                                       |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                    |                                                                                                                                                                                                      |                                                                                                                        |                                                             | IN '                                                                    | THIS SPACE                                                                                                                                                                      |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                    |                                                                                                                                                                                                      |                                                                                                                        |                                                             |                                                                         |                                                                                                                                                                                 |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                    |                                                                                                                                                                                                      |                                                                                                                        |                                                             | , .:                                                                    |                                                                                                                                                                                 |  |  |
| 12. I hereby of indicated of the corchanged.                                                                                                             | certify that the information supplied with this fi<br>on this report or supplemental report is true a<br>poration or the receiver or trustee empowere<br>or on an attachment with an adoress, with a | iling does not qualify for the<br>and accurate and that my s<br>d to execute this report as r<br>other like empowered. | exemption stated<br>ignature shall hav<br>required by Chapt | in Section 119.07(3)<br>e the same legal effe<br>er 607, Florida Statut | (t), Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or directores; and that my name appears in Block 10 or Block 11 if |  |  |