

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90017 023 ***158.75

DOCUMENT # P01000071752					
1. Entity Name CYBER FIBER OPTICS, INC.					
Principal Place of Business 1211 ROYAL OAK DR DUNEDIN, FL 34698 US			Mailing Address P.O. BOX 869 CRYSTAL BEACH, FL 34681 US		
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		Country		03112007 Chg-P CR2E034 (12/06)	
4. FEI Number 59-3735542				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NOE, JOSEPH A 1211 ROYAL OAK DR DUNEDIN, FL 34698			Name Street Address (P.O. Box Number is Not Acceptable) City		
NOE, JOSEPH A 1211 ROYAL OAK DR DUNEDIN, FL 34698			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: <u>Joseph A. Noe</u> DATE: <u>3-30-2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NOE, JOSEPH A 1485 ROBMAR ROAD DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT NOE, JOSEPH A. 1211 ROYAL OAK DR. DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
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 607, 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: <u>Joseph A. Noe</u> <u>JOSEPH A. NOE</u>			Date: <u>3-30-2007</u> Daytime Phone #: <u>727-559-2725</u>		