2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# P01000094635

Entity Name: SYTRA, INC.

Current Principal Place of Business:

3574 SECR 18
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

3574 SECR 18
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 59-3747092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CURTIS, C. WILLIAM III
1930 SAN MARCO BLVD
SUITE 208
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete
Name: SUVAJDZIC, MARKO
Address: 3574 SECR 18
City-St-Zip: LAKE CITY, FL 32025

Title: DIR ( ) Delete
Name: SUVAJDZIC, CARRIE D
Address: 3574 SECR 18
City-St-Zip: LAKE CITY, FL 32025

Title: TREA ( ) Delete
Name: SUVAJDZIC, CARRIE D
Address: 3574 SECR 18
City-St-Zip: LAKE CITY, FL 32025

Title: PRES ( ) Delete
Name: SUVAJDZIC, MARKO
Address: 3574 SECR 18
City-St-Zip: LAKE CITY, FL 32025

Title: VP ( ) Delete
Name: SUVAJDZIC, CARRIE D
Address: 3574 SECR 18
City-St-Zip: LAKE CITY, FL 32025

Title: SEC ( ) Delete
Name: SUVAJDZIC, CARRIE D
Address: 3574 SECR 18
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
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: CARRIE DECENZO SUVAJDZIC TREA 04/11/2005

Electronic Signature of Signing Officer or Director — Date