2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P03000006012

Entity Name: CYCOCI, INC.

Current Principal Place of Business:

487 LONGLEY DRIVE
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

4225 ULMAN AVENUE
NORTH PORT, FL 34286

Current Mailing Address:

487 LONGLEY DRIVE
PORT CHARLOTTE, FL 33953

New Mailing Address:

4225 ULMAN AVENUE
NORTH PORT, FL 34286

FEI Number: 41-2075119 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHASE, TOM
487 LONGLEY DRIVE
PORT CHARLOTTE, FL 33953 US

Name and Address of New Registered Agent:

CHASE, TOM
4225 ULMAN AVENUE
NORTH PORT, FL 34286 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: 04/16/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHASE, TOM
Address: 487 LONGLEY DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHASE, TOM
Address: 4225 ULMAN AVENUE
City-St-Zip: NORTH PORT, FL 34286

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: TOM CHASE P 04/16/2009
Electronic Signature of Signing Officer or Director — Date