
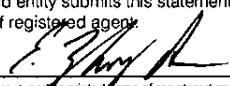
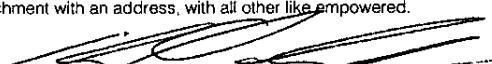


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90016 013 ***150.00

DOCUMENT # P03000057687			
1. Entity Name CYBERCONNECT CORPORATION			
Principal Place of Business 46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236		Mailing Address 46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236	
2. Principal Place of Business P. O. BOX 19431 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State SARASOTA, FL 34231		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent PATTERSON, JOHN 46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name LPS CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 46 N. WASHINGTON BLVD. SUITE 1 City SARASOTA FL Zip Code 34236	
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 		DATE 8/18/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
E. ZACHARY RANS, Its Vice President			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		D,P,S,T MULLER, CHRIS-STEVEN P. O. BOX 19431 SARASOTA, FL 34231	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		D KOHNE, MICHAEL P. O. BOX 19431 SARASOTA, FL 34231	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		D HAAS-TROBER, MICHAEL P. O. BOX 19431 SARASOTA, FL 34231	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		DATE 8/18/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
CHRIS-STEVEN MULLER, President			