





**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90149 007 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000122365</b>		
1. Entity Name <b>VYZYGOTH, INC.</b>		
Principal Place of Business <b>P.O. BOX 2031 ST LEO, FL 33574-2031</b>		Mailing Address <b>P.O. BOX 2031 ST LEO, FL 33574-2031</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		
03192006 No Chg-P CR2E034 (11/05)		
4. FEI Number <b>20-0329187</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent		
<b>HANSEN, KEITH</b> <b>19602 TOWNSEND HOUSE ROAD</b> <b>DADE CITY, FL 33525</b> <b>34540 Dellwood way</b> <b>SAINT LEO, FL 33574</b> <b>Zephyrhills, FL 33541</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4-17-06</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANSEN, KEITH PO BOX 2031 SAINT LEO, FL 335742031	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 authority empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-17-06</b> <small>Daytime Phone #</small>