


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90052 026 ***158.75

DOCUMENT # P04000036080	
1. Entity Name ASSOCIATED CYBER CORP.	

Principal Place of Business 349 NE SURFSIDE AVE PT ST LUCIE, FL 34983	Mailing Address 349 NE SURFSIDE AVE PT ST LUCIE, FL 34983
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40028501

2. Principal Place of Business 1932 S.E Aires lane	3. Mailing Address 1932 SE Aires lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03042006 Chg-P CR2E034 (11/05)

City & State Port Saint Lucie FL	City & State Port St. Lucie FL
Zip 34984	Country U.S. A
Zip 34984	Country USA

4. FEI Number 30-0234587	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COLLADO, CYNTHIA 349 NE SURFSIDE AVE PT ST LUCIE, FL 34983	
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7. Name and Address of New Registered Agent Name Collado, Cynthia Street Address (P.O. Box Number is Not Acceptable) 1932 S.E Aires lane City Port St. Lucie FL Zip Code 34984	
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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: *Cynthia Collado* DATE: 3/6/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLEDO, CYNTHIA 349 NE SURFSIDE AVENUE PORT SAINT LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Collado, Cynthia 1932 S.E Aires lane Port Saint Lucie, FL 34984 <input checked="" 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
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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 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: *Cynthia Collado* DATE: 3/6/2006 772-621-9657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #