


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000052877	
1. Entity Name CYBERDYNE COMPUTERS INC.	

FILED

07 APR 30 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 559 FLEMING WAY SUITE 107 MAITLAND, FL 32751 US	Mailing Address 559 FLEMING WAY SUITE 107 MAITLAND, FL 32751 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

04302007 Chg-P CR2E034 (12/06)

4. FEI Number 26-0129959	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NORTON, ROOSEVELT H 269 SPRING COLONY CIR, SUITE 343 ALTAMONTE SPRINGS, FL 32714	7. Name and Address of New Registered Agent Name <u>Roosevelt Norton Jr</u> Street Address (P.O. Box Number is Not Acceptable) <u>559 Fleming way</u> <u>suite # 107</u> City <u>Maitland</u> FL Zip Code <u>32751</u>
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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 Roosevelt Norton Jr (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D <input type="checkbox"/> Delete NORTON, ROOSEVELT Jr 559 FLEMING WAY, SUITE 107 MAITLAND, FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200101774322 05/08/07--01010--012 **150.00
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
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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: R. Norton SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____