

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Jun 22, 2006 8:00 am
Secretary of State

06-06-2006 90014 029 ***158.75

DOCUMENT # P04000120852	
1. Entity Name CYBER DEFENSE SYSTEMS, INC.	



Principal Place of Business 10901 ROOSEVELT BLVD. SUITE 100D ST. PETERSBURG FL 33716 US	Mailing Address 10901 ROOSEVELT BLVD. SUITE 100D ST. PETERSBURG FL 33716 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 05-0610380 55-0876130	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
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6. Name and Address of Current Registered Agent SEARCHPRO CORPORATION 2805 EAST OKLAND PARK BLVD. SUITE 110 FT. LAUDERDALE FL 33306		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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	DATE 5/24/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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-STATE-ZIP	CEO / President ROBINSON, WILLIAM C.D.S. CEO 10901 ROOSEVELT BLVD. ST. PETERSBURG FL 33716	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Vice President ALMAN, JAMES D.P. 10901 ROOSEVELT BLVD. ST. PETERSBURG FL 33716	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CFO BARNES, DAVID VP, CFO 10901 ROOSEVELT BLVD. ST. PETERSBURG FL 33716	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 true empowered.	
SIGNATURE:	DATE 6/14/06 PHONE 727-572-0878