

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000041934

Entity Name: CYBERS NETWORK, INC.

FILED
Mar 03, 2006
Secretary of State

Current Principal Place of Business:

469 SPANISH TRACE DRIVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

489 SPANISH TRACE DRIVE
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

P.O. BOX 608745
ALTAMONTE SPRINGS, FL 32860

New Mailing Address:

FEI Number: 33-1114298 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MATHURIN, GUISCARD
469 SPANISH TRACE DRIVE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

MATHURIN, GUISCARD
489 SPANISH TRACE DRIVE
ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE: GUISCARD MATHURIN

03/03/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MATHURIN, GUISCARD
Address: 469 SPANISH TRACE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SEC () Delete
Name: CHAMBLISS, LAKISHA
Address: 469 SPANISH TRACE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MATHURIN, GUISCARD P
Address: 489 SPANISH TRACE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: P (X) Change () Addition
Name: ST PIERRE, CARL P
Address: 6532 LONGBREEZE DRIVE
City-St-Zip: ORLANDO, FL 32810

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUISCARD MATHURIN

P

03/03/2006

Electronic Signature of Signing Officer or Director

Date