

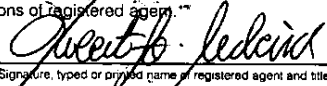
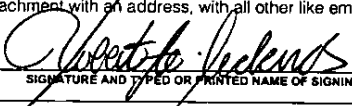


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90118 004 ***150.00

DOCUMENT # P05000076214 1. Entity Name CYBER INTERNATIONAL CORP.																													
Principal Place of Business 8411 NW 20TH PL CORAL SPRINGS, FL 33071			Mailing Address 8411 NW 20TH PL CORAL SPRINGS, FL 33071																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																											
03012006 Chg-P CR2E034 (11/05)				4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 04-3816658 </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;"> Applied For Not Applicable </div>																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145																									
7. Name and Address of New Registered Agent Name ROBERT MEDEIROS Street Address (P.O. Box Number is Not Acceptable) 8411 NW 20 PL. City CORAL SPRINGS FL Zip Code 33071				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  ROBERT MEDEIROS 3/3/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																									
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																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PSTD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MEDEIROS, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8411 NW 20TH PL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL SPRINGS, FL 33071</td> <td></td> </tr> </table>			TITLE	PSTD	<input type="checkbox"/> Delete	NAME	MEDEIROS, ROBERT		STREET ADDRESS	8411 NW 20TH PL		CITY-ST-ZIP	CORAL SPRINGS, FL 33071		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:  ROBERT MEDEIROS 3/3/06 (954) 537-3007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													