


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jun 17, 2008 8:00 am**  
**Secretary of State**

06-17-2008 90001 013 \*\*\*150.00

<b>DOCUMENT # P05000106991</b>	
1. Entity Name <b>HYBOOST MEDIA, INC.</b>	

Principal Place of Business <b>290 NE 5TH AVENUE 12 DELRAY BEACH, FL 33483</b>	Mailing Address <b>PO BOX 6852 DELRAY BEACH, FL 33482</b>
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2. Principal Place of Business - No P.O. Box # <b>1730 S. FEDERAL HWY</b>	3. Mailing Address <b>1730 S. FEDERAL HWY</b>
Suite, Apt. #, etc. <b>224</b>	Suite, Apt. #, etc. <b>224</b>
City & State <b>DELRAY Beach FL</b>	City & State <b>DELRAY Beach</b>
Zip <b>33483</b>	Country <b>USA</b>

	
06092008	Chg-P CR2E034 (12/06)
4. FEI Number <b>20-8311514</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

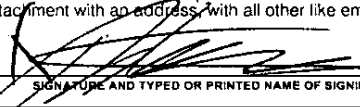
6. Name and Address of Current Registered Agent	
<b>VAN HORN, RYAN W 9974D BOCA GARDENS TRAIL BOCA RATON, FL 33496</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)	
DATE _____	

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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 VAN HORN, RYAN W 9974D BOCA GARDENS TRAIL BOCA RATON, FL 33496 <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: 	<b>6/18/08</b> Date
Daytime Phone # _____	