2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

Mar 13, 2006 8:00 am Secretary of State 03-13-2006 90071 003 ***150.00 **DOCUMENT # P05000109924** 1. Entity Name CYBELE SARASOTA, INC. Principal Place of Business Mailing Address 301 N. CATTLEMEN ROAD #205 301 N. CATTLEMEN ROAD #205 SARASOTA, FL 34232 SARASOTA, FL 34232 2. Principal Place of Busines 3. Mailing Address 9010 4010 5 CR2E034 (11/05) 02252006 Applied For City & State 4. FEI Number 20-3463219 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WARR, IAN D is Not Acceptable) 301 N. CATTLEMEN ROAD #205 SARASOTA, FL 34232 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 age Signature, typed or printed is (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Change ... TITLE TITLE NAME WARR, IAN D 9010 58th DR.E., Suite 100-10A STREET ADDRESS 301 N. CATTLEMEN ROAD #205 STREET ADDRESS SARASOTA, FL 34232 CITY-ST-ZIP CITY-ST-ZIP RADENTON VP TITLE ☐ Delete TITLE Change WARR, LINDA A. 9010 58th DR.E., NAME WARR, LINDA A NAME Juite 100-10A 301 N. CATTLEMEN ROAD #205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34232 CITY-ST-ZIP - --- Detete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ACCORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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.

PRINTED NAME OF BIGNING OFFICER OR DIRECTOR