

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000079659

Entity Name: CYTHETIC TRANSMISSIONS INC

FILED
Jun 12, 2007
Secretary of State

Current Principal Place of Business:

5475 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

5475 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32839

New Mailing Address:

FEI Number: 76-0835963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTIZ, RAMON
5475 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL, FL 32829 US

Name and Address of New Registered Agent:

ELASRI, KHADIJA
5475 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL, FL 32829 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: KHADIJA ELASRI

06/12/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ORTIZ, RAMON
Address: 5475 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32839

Title: VP () Delete
Name: SANCHEZ, CYNTHIA
Address: 5475 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ELASRI, KHADIJA
Address: 5475 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32839

Title: T (X) Change () Addition
Name: ORTIZ, RAMON
Address: 5475 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32839

I hereby certify that the information supplied with this filing does not qualify 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: KHADIJA ELASRI

P

06/12/2007

Electronic Signature of Signing Officer or Director

Date