

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000088770

Entity Name: CYBRINTH, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

6622 SOUTHPOINT DRIVE SOUTH, SUITE 310
JACKSONVILLE, FL 322166188

New Principal Place of Business:

Current Mailing Address:

6622 SOUTHPOINT DRIVE SOUTH, SUITE 310
JACKSONVILLE, FL 322166188

New Mailing Address:

FEI Number: 26-0707769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCAINI, GIANNI
6622 SOUTHPOINT DRIVE SOUTH, SUITE 310
JACKSONVILLE, FL 322166188 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARCAINI, GIANNI B
Address: 7889 HUNTERS GROVE ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: WEEKS, CONNIE I
Address: 6858 PLUM LAKE LANE EAST
City-St-Zip: JACKSONVILLE, FL 32222

Title: D () Delete
Name: SPOONMORE, STEPHEN
Address: 6622 SOUTHPOINT DRIV SOUTH, SUITE 310
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: MALATESTA, THOMAS
Address: 3085 ORDWAY ST NW
City-St-Zip: WASHINGTON, DC 20008

Title: D () Change (X) Addition
Name: BURGESS, RONALD W
Address: 128 NATURE'S WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: GIANNI B ARCAINI

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date