


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90183 021 \*\*\*150.00

<b>DOCUMENT # P26002</b>	
1. Entity Name SYBRA, INC.	

Principal Place of Business 1000 CORPORATE DR STE 250 FORT LAUDERDALE, FL 33334	Mailing Address 1000 CORPORATE DR STE 250 FORT LAUDERDALE, FL 33334
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**60037130**



2. Principal Place of Business 1155 Perimeter Center West Suite, Apt. #, etc. Suite 1200 City & State Atlanta, GA	3. Mailing Address 1155 Perimeter Center West Suite, Apt. #, etc. Suite 1200 City & State Atlanta, GA
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04252006 Chg-P CR2E034 (11/05)

4. FEI Number 38-1844678	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BENHAM, DOUGLAS N 1000 CORPORATE DR., STE. 250 FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Smith, Roland 1155 Perimeter Center West, Suite 1200 Atlanta, GA 30338 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GIMSON, CURTIS 1000 CORPORATE DR FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 1155 Perimeter Center West, Suite 1200 Atlanta, GA 30338 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WEYHRICH, TODD 1000 CORPORATE DR STE 250 FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO 1155 Perimeter Center West, Suite 1200 Atlanta, GA 30338 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS BRAMS, JEFFREY B 1000 CORPORATE DR., STE 250 FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAGC 1155 Perimeter Center West, Suite 1200 Atlanta, GA 30338 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD CHAPPELL, EDWARD 1000 CORPORATE DR FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Todd Jr., John A. 1155 Perimeter Center West, Suite 1200 Atlanta, GA 30338 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROWE, ROBERT J 280 PARK AVENUE, 24TH FLOOR NEW YORK, NY 10017 <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:** Robert J. Crowe **VP - Taxes** 4/28/06 212-451-3115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #