## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000043872

Entity Name: SOCIOCYBERNETICS, INC.

HAMMAN, HENRY L DR

SEWANEE, TN 37375 US

PO BOX 3147

Name:

Address:

City-St-Zip:

**FILED** Aug 08, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7112 SW 47TH STREET 5656 JUMPOFF MOUNTAIN ROAD MIAMI, FL 33155 US SEWANEE, TN 37375 **Current Mailing Address: New Mailing Address:** PO BOX 3147 SEWANEE, TN 37375 FEI Number: 65-0423061 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARTOLUS P.L 1351 N GADSDEN STREET TALLAHASSEE, FL 32303 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: 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition MURRELL, STEPHEN DR MURRELL, STEPHEN DR Name: Name: 7112 S.W. 47TH ST. 6250 SW 64 CT Address: Address: City-St-Zip: MIAMI, FL 33155 US City-St-Zip: MIAMI, FL 33143 US Title: Title: DS () Delete () Change () Addition KUNCE, HENRY W DR Name: Name: 5025 S.W. 74TH ST Address: Address: MIAMI, FL 33143 US City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition Title: PD ( ) Delete PD

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.

Name:

Address:

City-St-Zip:

HAMMAN, HENRY L DR

SEWANEE, TN 37375 US

565 JUMPOFF MOUNTAIN ROAD

SIGNATURE: HENRY L. HAMMAN **PRES** 08/08/2007