


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000003194	
1. Entity Name CYBER CONCEPTS, INC.	

Principal Place of Business 720 N MAITLAND AVE STE 105 MAITLAND, FL 32751 US	Mailing Address 720 N MAITLAND AVE STE 105 MAITLAND, FL 32751 US
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DO NOT WRITE IN THIS SPACE

01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3289694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOORE, BENJAMIN H CPA 720 N. MAITLAND AVE., STE 105 SUITE 201 MAITLAND, FL 32751
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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000026103 02/02/04-80132-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BERGER, JOACHIM 720 N. MAITLAND AVE #105 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, BENJAMIN H 720 N. MAITLAND AVE #105 MAITLAND, FL 32751
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	Date: 1/29/04	Daytime Phone #: 407-644-3119
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		