2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006
Secretary of State

DOCUMENT# P95000085985

Entity Name: CYBER.X.PRESS INC.

Current Principal Place of Business:

301 W BAY STREET
SUITE 140
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

301 W BAY STREET
SUITE 140
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-3351265 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIELDS, WILLIAM E
301 W BAY STREET
SUITE 140
JACKSONVILLE, FL 32202 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: VP ( ) Delete
Name: SHIELDS, WILLIAM E
Address: 11684 OLDE MANDARIN ROAD
City-St-Zip: JACKSONVILLE, FL 32223

Title: P ( ) Delete
Name: SHIELDS, DAVID
Address: 345 CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP (X) Delete
Name: CHAPMAN, DANIEL
Address: 2570 COLLEGE ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP ( ) Delete
Name: ADKINS, JOHN R
Address: 10303 MONACO DR.
City-St-Zip: JACKSONVILLE, FL 32218

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM SHIELDS VP 01/20/2006

Electronic Signature of Signing Officer or Director Date