

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90215 015 ***150.00

14006386



DOCUMENT # P96000008294	
1. Entity Name SCIENTIFIC CYBERNETICS, INC.	



Principal Place of Business C/O WILLIAM B. ANDERSON 13379 COMPTON ROAD LOXAHATCHEE GROVES, FL 33470-4715	Mailing Address C/O WILLIAM B. ANDERSON 13379 COMPTON ROAD LOXAHATCHEE GROVES, FL 33470-4715
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04262005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0760062	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ANDERSON, WILLIAM B 13379 COMPTON ROAD LOXAHATCHEE GROVES, FL 33470-4715	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when removing)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD LEVEN, SAMUEL 4701 FALSTONE AVENUE CHEVY CASE, MD 20815 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD Leven, Samuel 672 Fern Street West Palm Beach FL 33401 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ANDERSON, WILLIAM B 13379 COMPTON ROAD LOXAHATCHEE GROVES, FL 33470 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Corlèy, William B III 13379 Compton Road Loxahatchee Groves, FL 33470 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CORLÈY, WILLIAM B III 3151 CLINT MOORE RD. BOCA RATON, FL 33496 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Corlèy, William B III 13379 Compton Road Loxahatchee Groves, FL 33470 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: <i>William B Anderson</i>	28 APRIL 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #