

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90727 001 \*\*\*750.00

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<b>DOCUMENT # P96000068353</b> 1. Entity Name <b>C-WYPE, INC.</b>					
Principal Place of Business <b>7425 NW 4 STREET PLANTATION, FL 33317</b>			Mailing Address <b>7425 NW 4 STREET PLANTATION, FL 33317</b>		
2. Principal Place of Business <b>2780 S. Oakland Forest Dr.</b>		3. Mailing Address <b>2780 S. Oakland Forest Dr.</b>		03312005    Chg-P    CR2E034 (10/03)	
Suite, Apt. #, etc. <b>1801</b>		Suite, Apt. #, etc. <b>1801</b>			
City & State <b>Ft. Lauderdale</b>		City & State <b>Ft. Lauderdale</b>		4. FEI Number <b>65-0686639</b>	
Zip <b>33309</b>		Country <b>33309</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DIVETO, CHARLES M JR 7425 NW 4 STREET PLANTATION, FL 33317</b>				7. Name and Address of New Registered Agent Name <b>Brian Tappert</b> Street Address (P.O. Box Number Is Not Acceptable) <b>2780 S. Oakland Forest Drive #1801</b> City <b>Ft. Lauderdale, FL</b> Zip Code <b>33309</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>POMEROY, MARC 2521 NE 50TH ST LIGHTHOUSE POINT, FL 33064</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>TAPPERT, BRIAN 2780 S OAKLAND FOREST RD FT LAUDERDALE, FL 33309</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemption stated in Section 119.07(3)(i), 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 officer 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:		<b>CHARLES M. DIVETO, JR., CPA, PA</b> <b>CERTIFIED PUBLIC ACCOUNTANT</b> <b>7425 N. W. 4th STREET</b> <b>PLANTATION, FLORIDA 33317</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4/15/05</b>		Daytime Phone # <b>954-321-6300</b>	