2006 FOR PROFIT CORPORATION

CITY-ST-ZIP

SIGNATURE:

FILED Jan 25, 2006 8:00 am

ANNUAL REPORT								Secretary of State				
DOCUMENT # P97000010958								01-25-2006 90030 011 ***150.00				
CYT MANAGEMENT, INC.												
Principal Place of Business N				ailing Address								
445 SW 27TH AVENUE				979 BEACHLAND BLVD.								
SUITE D VERO BEACH, FL 32960				VERO BEACH, FL 32963								
Y VERO DEAUN, FL 32900												TE ET 11 (E ET
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01042006	Chg-P	CR2E	034 (11/05)	
City & State			City & State					4. FEI Numb 65-073				plied For
Zip Country			Z	Zip Count			-		of Status Desired		\$8.75 Add	litional
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
COOKSEY, BRYON T 979 BEACHLAND BLVD						Name COOKSEY, BYRON T. Street Address (P.O. Box Number is Not Acceptable)						
						City Vero Beach FL 32963						
8. The above the obligat	named entity	submits this statement for	or the p	urpose of changing its	register	ed office or r	register	ed agent, or bo	th, in the State of Flo	orida. I an	n familiar with,	and accept
Tan I Volea												
SIGNATURE Signature, type or printed name of registered agent and title if apply able. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.								.00 May Be				
Attor may 1, 2000 1 00 1111 20 000100												
10.	ĪР	OFFICERS AND	DIREC	Delete	11.			ADDITIONS.	CHANGES TO OFF	ICERS AN	ID DIRECTOR:	S IN 11
NAME		Y, BYRON T II		_ Dolou	NAM						□ Credige	☐ Modition
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NAME	COOKSEY	Y, BYRON T		L Dateis	NAM						- Change	☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-05

(772) 770-0889

Daytime Phone #