2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 27, 2006 8:00 am Secretary of State DOCUMENT # P97000025367 1. Entity Name 03-27-2006 90278 010 ***150.00 SYBIL, INC. Principal Place of Business Mailing Address 6985-57TH STREET 6985 57TH STREET VERO BEACH FL 32967 VERO BEACH FL 32967 2. Principal Place of Business 3. Mailing Address PC Box 690386 690386 PO Box Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Beach City & State 4. FEI Number Applied For Beach 59-3451917 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERAN, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) Beach land Blud 6985 57TH STREET VERO BEACH FL 32967 8. The above named entity submits this state anging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent 3-14-06 FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change Addition מו TITLE ☐ Delete HERAN, WILLIAM M 690386 PO Box STREET ADDRESS T5 STARFISH STRFET ADDRESS CITY-ST-7IP VERO BEACH FL 32960 CITY-ST-ZIP Vero Beach, FL ☐ Delete NAME HERAN, VIVIENNE S PO BOX 690386 STREET ADDRESS STREET ADDRESS 15 STARFISH VERO BEACH FL-92960 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HTLE VPE PO Box 690386 HERAN, GLENN STREET ADDRESS STREET ADDRESS 6985 57TH-ST CITY-ST-ZIP VERO BEACH FL 32967 CITY-ST-ZIP VPO TITLE ☐ Delete NAME HERAN, DEAN NAME PO Box 690386 STREET ADDRESS 6985 57TH STREET STREET ADDRESS Vero Beach, FL 32969-0386 CITY-ST-ZIP VERO BEACH EL 32967 CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

GREWY HERM! 3h/06 STENDOWN Date Daytime Phone #

if changed, or on an attachment with an address, with all other like empowered.

FILED