

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90013 023 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |                                 |                                                                                   |                                                                                                                                                                                                                                       |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P97000058184</b><br>1. Entity Name<br><b>CYBERTECH INTERNATIONAL CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |                                 |                                                                                   |                                                                                                                                                                                                                                       |                                                                   |
| Principal Place of Business<br><b>400 PENTRESS BLVD</b><br><b>DAYTONA BEACH, FL 32114 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                                 | Mailing Address<br><b>507 INDUSTRIAL WAY</b><br><b>BOYNTON BEACH, FL 33426 US</b> |                                                                                                                                                                                                                                       |                                                                   |
| 2. Principal Place of Business<br><b>400 FENTRESS BLVD</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                         |                                                                                                                                                                                                                                       |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                                 | City & State                                                                      |                                                                                                                                                                                                                                       |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         | Country                         |                                                                                   | Zip                                                                                                                                                                                                                                   |                                                                   |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         | Country                         |                                                                                   | 4. FEI Number<br><b>65-0773915</b>                                                                                                                                                                                                    |                                                                   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |                                 |                                                                                   | Applied For<br>Not Applicable                                                                                                                                                                                                         |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>BRISSELL, ROBERT H</b><br><b>4704 W SOUTH AVE</b><br><b>TAMPA, FL 33614</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |                                 |                                                                                   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                   |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                         |                                 |                                                                                   |                                                                                                                                                                                                                                       |                                                                   |
| <div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2006 Fee will be \$550.00</b> </div> <div>           9. Election Campaign Financing <b>\$5.00 May Be</b><br/>           Trust Fund Contribution <input type="checkbox"/> Added to Fees         </div> </div>                                                                                                                                                                                                                                                                                                      |                                                                         |                                 |                                                                                   |                                                                                                                                                                                                                                       |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                             |                                                                                                                                                                                                                                       |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CSD<br>BRISSELL, ROBERT H<br>4704 W SOUTH AVE<br>TAMPA, FL 33614        | <input type="checkbox"/> Delete |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP<br>MCPEEK, JENNIFER<br>507 INDUSTRIAL WAY<br>BOYNTON BEACH, FL 33426 | <input type="checkbox"/> Delete |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>BRISSELL, JOHN R<br>400 FENTRESS BLVD<br>DAYTONA BEACH, FL 32114   | <input type="checkbox"/> Delete |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>GAYNE, JO ANNE<br>507 INDUSTRIAL WAY<br>BOYNTON BEACH, FL 33426    | <input type="checkbox"/> Delete |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____<br>_____<br>_____<br>_____                                        | <input type="checkbox"/> Delete |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____<br>_____<br>_____<br>_____                                        | <input type="checkbox"/> Delete |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |                                 | Date: <b>2/23/06</b> Daytime Phone: <b>561-776-7763</b>                           |                                                                                                                                                                                                                                       |                                                                   |