

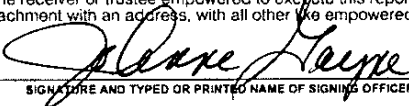


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90194 027 ***158.75

DOCUMENT # P97000058184 1. Entity Name CYBERTECH INTERNATIONAL CORPORATION					
Principal Place of Business 400 FENTRESS BLVD DAYTONA BEACH, FL 32114 US			Mailing Address 507 INDUSTRIAL WAY BOYNTON BEACH, FL 33426 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: right; font-weight: bold; font-size: 1.2em;">40063340</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 04172007 Chg-P CR2E034 (12/06) </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> 4. FEI Number 65-0773915 <div style="border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> 5. Certificate of Status Desired <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required </div> </div>	
6. Name and Address of Current Registered Agent BRISSELL, ROBERT H 4704 W SOUTH AVE TAMPA, FL 33614				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400 FENTRESS BLVD City DAYTONA BEACH FL Zip Code 32114	
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: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD BRISSELL, ROBERT H 4704 W SOUTH AVE TAMPA, FL 33614 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400 FENTRESS BLVD DAYTONA BEACH, FL 32114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCPEEK, JENNIFER 507 INDUSTRIAL WAY BOYNTON BEACH, FL 33426 <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	P BRISSELL, JOHN R 400 FENTRESS BLVD DAYTONA BEACH, FL 32114 <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	T GAYNE, JO ANNE 507 INDUSTRIAL WAY BOYNTON BEACH, FL 33426 <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 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 who are empowered.					
SIGNATURE: 			Date 4/17/07 Daytime Phone # 561-776-7763		