2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State 05-01-2006 90376 024 ***150.00 **DOCUMENT # P97000061160** CYBERCON SYSTEMS, INC. 40074503 Principal Place of Business Mailing Address 2370 KINGS CREST ROAD 717 EAST OAK STREET US KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 2. Principal Place of Business 3. Mailing Address 1135 Sunlight Court Suite, Apt. #, etc. Suite, Apt. #, etc. 03282006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For St. Cloud, FL 59-3457128 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired US Fee Required 6:-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DALTON, CATHERINE J Street Address (P.O. Box Number is Not Acceptable) 1135 Sunlight Court 2370 KINGS CREST ROAD KISSIMMEE, FL 34744 St. Cloud, 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE Delete TITLE XX Change DALTON, CATHERINE J NAME NAME 2370 KINGS CREST ROAD 1135 Sunlight Court STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34744 CITY-ST-ZIP St. Cloud, FL 34771 TELLE VSD Delete TITLE y∑y Change ☐ Addition DALTON, ROBERT P NAME 1135 Sunlight Court STREET ADDRESS 2370 KINGS CREST ROAD STREET ADDRESS KISSIMMEE, FL 34744 St. Cloud, FL 34771 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITI F Delete TOTAL ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Сhange ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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 attackment with an address, with all other like empowered.

FILED

May 01, 2006 8:00 am