


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90001 015 \*\*\*150.00

<b>DOCUMENT # P98000023432</b>	
1. Entity Name <b>CYACORP, INC.</b>	

Principal Place of Business <b>2608 CLINE ST. TALLAHASSEE, FL 32308</b>	Mailing Address <b>2608 CLINE ST. TALLAHASSEE, FL 32308</b>
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2. Principal Place of Business - No P.O. Box # <b>1050 Solomon Dairy Rd.</b>	3. Mailing Address <b>1050 Solomon Dairy Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Quincy, FL</b>	City & State <b>Quincy, FL</b>
Zip <b>32352</b>	Zip <b>32352</b>
Country <b>USA</b>	Country <b>USA</b>

40043112



02272007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3510088</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HARRIS, LUCY H 2608 CLINE ST. TALLAHASSEE, FL 32312</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1050 Solomon Dairy Road</b> City <b>Quincy</b> <b>FL</b> Zip Code <b>32352</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV LEAR, JANICE H 12633 EASON CROSSING ROAD THOMASVILLE, GA 31757</b> <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	<b>DST HARRIS, LUCY H 2608 CLINE ST. TALLAHASSEE, FL 32308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1050 Solomon Dairy Road Quincy, FL 32352</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV HARRISON, GEORGE H III 3535 N. MERIDIAN RD TALLAHASSEE, FL 32312</b> <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	<b>DP HARRISON, JAMES M JR. 570 TEAL LANE TALLAHASSEE, FL 32308</b> <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 like empowered.

SIGNATURE: Lucy H. Harris Sec/Gen (Lucy H. Harris) 2/27/07 850-627-4905  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #