

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000031245

Entity Name: CYBERWIZE.COM, INC.

FILED  
Apr 22, 2008  
Secretary of State

## Current Principal Place of Business:

2829 CATTLEMAN ROAD  
SARASOTA, FL 34232

## New Principal Place of Business:

## Current Mailing Address:

2829 CATTLEMAN ROAD  
SARASOTA, FL 34232

## New Mailing Address:

FEI Number: 52-2160031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SEAT, TIMOTHY M  
2829 CATTLEMEN ROAD  
SARASOTA, FL 34232 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DCEO ( ) Delete  
Name: MCCOOL, MARK T  
Address: 2829 CATTLEMAN RD.  
City-St-Zip: SARASOTA, FL 34232

Title: DVST ( ) Delete  
Name: MCCOOL, JEANINE N  
Address: 2829 CATTLEMAN RD.  
City-St-Zip: SARASOTA, FL 34232

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: LODER, BARRY C  
Address: 2829 CATTLEMEN RD.  
City-St-Zip: SARASOTA, FL 34232

Title: DVS (X) Change ( ) Addition  
Name: SEAT, TIMOTHY M  
Address: 2829 CATTLEMEN RD.  
City-St-Zip: SARASOTA, FL 34232

Title: DT ( ) Change (X) Addition  
Name: BREEN, LAURENCE  
Address: 2829 CATTLEMEN ROAD  
City-St-Zip: SARASOTA, FL 34232

Title: AS ( ) Change (X) Addition  
Name: FOLIS, LISA A  
Address: 2829 CATTLEMEN ROAD  
City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY M. SEAT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DVP

04/22/2008

\_\_\_\_\_  
Date