2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S66364

Entity Name: CYNRIS, INC.

FILED Apr 22, 2004 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
103 PINEVI ALTAMON	IEW CR TE SPRINGS, F	FL 32714	US					
Current Mailing Address:				New Mailing Address:				
103 PINEVI ALTAMON	IEW CR TE SPRINGS, F	FL 32714	US					
FEI Number:	59-3081338	FEI Number	Applied For()	FEI Num	nber Not Appli	cable ()	Certificate o	of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
	VEN D INSON ROAD A, FL 34231	US						
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.								
SIGNATUR								
Floation Com	⊨lectronic • paign Financing	Ū	of Registered Ager	it			Dat	te
			ontribution ().					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	S () E LINDA, HALL 2848 WILKINSON SARASOTA, FL				Title: Name: Address: City-St-Zip:	SVPD () DUNNING, JO 194 WHIRLAV PATASKALA, (VAY LOOP	Addition
Title: Name: Address: City-St-Zip:	()[Delete			Title: Name: Address: City-St-Zip:	DT (HALL, STEVEN 2848 WILKINS SARASOTA, F	SON ROAD	Addition
Title: Name: Address: City-St-Zip:	()[Delete			Title: Name: Address: City-St-Zip:	MICHELS, CY 103 PINEVIEV		
Title: Name: Address: City-St-Zip:	()[Delete			Title: Name: Address: City-St-Zip:	DUNNING, TIM 8181 PRIESTI		
Title: Name: Address: City-St-Zip:	()[Delete			Title: Name: Address: City-St-Zip:	MICHELS, DAY 103 PINEVIEV		
Title: Name: Address: City-St-Zip:	()[Delete			Title: Name: Address: City-St-Zip:	HERBERT, G. 105 GREENLE		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CYNTHIA D MICHELS DP 04/22/2004