



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

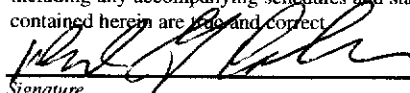
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 83821		2. Name of Corporation American Cyber Corporation			
3. Street Address Principal Business Office 1117 Park Ave			City Mahtomedi	State MN	Zip 55115
4. Business Phone No. 651-714-7970		5. State of Incorporation Nevada			
6. Brief Description of the Character of Business Conducted in Rhode Island Telecommunication service provider					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Daniel G. Coleman			Vice President Name none		
Street Address 1117 Park Ave.			Street Address		
City Mahtomedi	State MN	Zip 55115	City	State	Zip
Secretary Name Daniel G. Coleman			Treasurer Name Daniel G. Coleman		
Street Address 1117 Park Ave.			Street Address 1117 Park Ave.		
City Mahtomedi	State MN	Zip 55115	City Mahtomedi	State MN	Zip 55115
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Daniel G. Coleman			Director Name None		
Street Address 1117 Park Ave.			Street Address		
City Mahtomedi	State MN	Zip 55115	City	State	Zip
Director Name none			Director Name none		
Street Address none			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000	common	NPV	40	common	NPV

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

 02/18/2008  
Signature Date

Daniel G. Coleman  
Print or Type Name  
President  
Title

File Date	<b>FILED</b>
Check No.	<b>APR 21 2008</b>
By:	<b>3581</b>
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