

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H88130

FILED
Apr 30, 2008
Secretary of State

Entity Name: CYPRESS PAPERBACK EXCHANGE, INC.

Current Principal Place of Business:

9541 CYPRESS LAKE DR.
FT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

9541 CYPRESS LAKE DR.
FT MYERS, FL 33919

New Mailing Address:

FEI Number: 59-2619597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EARLY, WILLIAM L.
9541 CYPRESS LAKE DR.
FT MYERS, FL 33919 US

Name and Address of New Registered Agent:

EARLY, CASSANDRA M STD
9541 CYPRESS LAKE DR.
FT MYERS, FL 33919 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.

SIGNATURE: CASSANDRA M. EARLY

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EARLY, WILLIAM L.,
Address: 27093 ALLEN ST SE
City-St-Zip: BONITA SPRINGS, FL

Title: STD () Delete
Name: EARLY, CASSANDRA M.,
Address: 27093 ALLEN ST SE
City-St-Zip: BONITA SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CASSANDRA M.EARLY

STD

04/30/2008

Electronic Signature of Signing Officer or Director

Date