2008 FOR PROFIT CORPORATION

	ANNUAL	REPORT						
DOCUMENT # F0200005533 1. Entity Name CYPRESS COMMUNICATIONS OF DELAWARE, INC.								
CTPRESS COMMUNICATIONS OF DELAVVARE, INC.					0.0	FILE	- 	
Principal Place of Business		Mailing Address			U	3 MAY -2 /	4ft 8: 21	
4 PIEDMONT CENTER		4 PIEDMONT CENTER			SE	CRETARY (OF STATE	
SUITE 600 ATLANTA, GA 30305		SUITE 600 ATLANTA, GA 30305		TAI	CRETARY (LLAHASSEE	FLORIDA		
nichiin, un	30300	RICHITA, UN 30303						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04172008	Chg-P	CR2E034 (12/	06)
City & State		City & State			4. FEI Number Applied For 58-2330270 Not Applicable		Applied For Not Applicable	
Zip •	Country	Zip	Country	Country		f Status Desired	☐ \$8.75 Fee Red	Additional juired
	6. Name and Address of Current F	Registered Agent	Namo		7. Name and A	ddress of New F	Registered Agent	
TCS CORPORATE SERVICES, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301				Street Address (P.O. Box Number is Not Acceptable)				
			City				FL Zip	Code
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office of	r register	ed agent, or both	, in the State of Fl	orida. I am familiar i	with, and accept
CIONIATURE	-							
SIGNATURE_	Signature, typed or printed narro of registered agent a	nd title it applicable (NOT	E Registered Agent signs	ture required	when reinstating)		DATE	
-11	E NORTH FFF 10 4470 00	9. Election Campa	ian Financina	\$5	00 May Be			
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0			Add	ed to Fees		•	
10.	OFFICERS AND I	L DIRECTORS	11.		A DOUTIONIC (C	HANGES TO OFF	FIGERS AND DIDES	
TITLE	Р				AUDITIONS/C		FICERS AND DIREC	TORS IN 11
NAME STREET ADDRESS	CUINCLED DODEDTO	Delete	FIFLE	P/D			☐ Cha	
STREET ADDRESS	SHINGLER, ROBERT D		NAME	STEP	HEN L. S	CHILLING	☐ Cha	
CITY+S1-ZIP	15 PIEDMONT CENTER, STE. 61 ATLANTA, GA 30305		1	STEP 4 PLE	HEN L. S	ENTER, 5	☐ Cha	
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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 export 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:

Tock Horwood SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Harwood 4/25/08 404-869-2500

Daylumo Phor-9 #