2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 07, 2006 08:00 AM Secretary of State **DOCUMENT #723868** CYPRESS LAKE NO. 5, INC. Principal Place of Business Mailing Address PO BOX 207 721 S.E. 15TH STREET POMPANO BEACH, FL 33060 POMPANO BCH, FL 33061 US 01302006 No Chg-NP CR2E037 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FFi Number 59-1088390 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NELSON, DON DO NOT WRITE 811 SE 5TH AVE POMPANO BEACH, FL 33060 IN THIS SPACE 6. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regulted when reinstating) 9. Election Campaign Financing \$5.00 May Ba Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2006 10. OFFICERS AND DIRECTORS NTLE NAME NELSON, DON STREET ADDRESS 811 SE 5TH AVE CITY-ST-ZIP POMPANO BEACH, FL 0, U00000497239 04/22/06-80045-013 61.25 TITLE NAME O' BRIEN, DAN STREET ADDRESS 721 SE 15TH STREET CITY-ST-ZIP POMPANO BCH, FL 33060 TITLE NAME LAMBERT, PEGGY STREET ADDRESS 811 SE FIFTH AVE DO NOT WRITE City-SI-202 POMPANO BCH, FL 33060 TITLE IN THIS SPACE NAME ARONOFF, MELVIN STREET ADDRESS 931 POLK ST.

12. Thereby certify that the information supplied with this filling 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 teceiver or trustee empowered to execute this report as required by Chapter 617. 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:

CITY-ST-ZIP

STREET ADDRESS

City-SI-ZIP

TITLE NAME

TITLE NAME STREET ADDRESS CCTY-ST-ZIP

HOLLYWOOD, FL

KIESNER, JOHN

1314 PRINCESS ST

ALEXANDRIA, VA 22314

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