

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 30, 2010
Secretary of State

DOCUMENT# 725590

Entity Name: CYPRESS BEND PROTECTIVE CORPORATION, INC.**Current Principal Place of Business:**2301 CYPRESS BEND DR. SO.
POMPANO BEACH, FL 33069**New Principal Place of Business:****Current Mailing Address:**2301 CYPRESS BEND DR. SO.
POMPANO BEACH, FL 33069**New Mailing Address:****FEI Number:** 59-1577746**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROBERT KAYE & ASSOCIATES, P.A.
1200 PARK CENTRAL BLVD. S.
POMPANO BEACH, FL 33069 US**Name and Address of New Registered Agent:**PETERS, BARBARA PRES.
2301 SOUTH CYPRESS BEND DRIVE
POMPANO BEACH, FL 33069 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: BARBARA PETERS, PRES.

08/30/2010

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: P
Name: PETERS, BARBARA
Address: 2217 CYPRESS ISLAND DR. #205
City-St-Zip: POMPANO BEACH, FL 33069

Title: S
Name: ELLIOT, JANICE
Address: 2304 S. CYPRESS BEND DR. #413B
City-St-Zip: POMPANO BEACH, FL 33069

Title: TD
Name: PETERS, BARBARA
Address: 2217 CYPRESS ISLAND DR. #205
City-St-Zip: POMPANO BCH., FL 33069

Title: VD
Name: MOLINARI, CYNTHIA
Address: 2202 CYPRESS BEND DR. S. #505
City-St-Zip: POMPANO BEACH, FL 33069

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA PETERS

PRES

08/30/2010

Electronic Signature of Signing Officer or Director_____
Date