2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000563

Entity Name: CYPRESS LEGENDS FUNDING COMPANY, INC.

FILED Jan 02, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
445 BROAD HOLLOW RD, STE 239 MELVILLE, NY 11747						
Current Mailing Address:			New Mailing Address:			
445 BROAD HOLLOW RD, STE 239 MELVILLE, NY 11747						
FEI Number:	56-2430413	FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate	of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:						
Electronic Signature of Registered Agent				Date		
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	STIDD, ANDREV	LOW RD, STE 239	Title: Name: Address: City-St-Zip:	DPT (X) Change (BILOTTA, FRANK B 114 WEST 47TH STREET, NEW YORK, NY 10036 US	SUITE 2310-14	
Title: Name: Address: City-St-Zip:	BURNS, KEVÎN F	LOW RD, STE 239	Title: Name: Address: City-St-Zip:	DVPS (X) Change (BURNS, KEVIN P 445 BROAD HOLLOW RD, MELVILLE, NY 11747	,	
Title: Name: Address: City-St-Zip:	ANGELO, BERN	LOW RD, STE 239	Title: Name: Address: City-St-Zip:	()Change()) Addition	
Title: Name: Address: City-St-Zip:	VPAT () BILOTTA, FRANI 114 W 47TH ST, NEW YORK, NY	STE 1715	Title: Name: Address: City-St-Zip:	VPAT (X) Change (FRIDLINGTON, JOHN L 445 BROAD HOLLOW RD, MELVILLE, NY 11747	,	
Title: Name: Address: City-St-Zip:	SVP () DEMILT, JOHN N 114 W 47TH ST, NEW YORK, NY	STE 1715	Title: Name: Address: City-St-Zip:	VPAT (X) Change (DEMILT, JOHN M 114 W 47TH ST, STE 2310 NEW YORK, NY 10036	,	

I hereby certify that the information supplied with this filing does not qualify for the 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: BERNARD J. ANGELO VP 01/02/2007