## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 27, 2007 8:00 am Secretary of State

| DOCUMENT # F9600003121  1. Entity Name JULINGTON - CYPRESS, INC.  |   |  |                      |  |  | 03-27-2007 9                            | 90006 013 *          | **150.                  | 00                       |  |
|---|---|--|----------------------|--|--|---|----------------------|-------------------------|--------------------------|--|
| Principal Place of Business<br>1501 S MOPAC<br>SUITE 230<br>AUSTIN, TX 78746 US   |   | Mailing Address 1501 S MOPAC SUITE 230 AUSTIN, TX 78746 US |                      | •  | <br>   |   |                      |                         |                          |  |
| 30) Cor<br>Suite, Apt   | ace of Business - No P.O. Box # NHPESS AUGNUE #. etc TE 500   | Suite, Apt. #, etc.  | 301 CONIDEESS AVENUE |  |  | 03092007 Chg-P CR2E034 (12/06)          |                      |                         |                          |  |
| City & State  | TINI TX   | City & State AUSTIN  |                      | 4. FEI Number 76-050                               |  |   | Not                  | olied For<br>Applicable |                          |  |
| 7870  | 6. Name and Address of Current I  | Zip<br>78701   | Country              | A  |  | of Status Desired  Address of New F     | Fee                  | .75 Addi<br>Required    |                          |  |
|   | e. Hame and Address of Garrent  | ١  | Name                 |  |  |   |                      |                         |                          |  |
| C T CORPORATION SYSTEM  1200 SOUTH PINE ISLAND ROAD  PLANTATION, FL 33324   |   |  |                      | Street Address (P.O. Box Number is Not Acceptable) |  |   |                      |                         |                          |  |
| ;;<br>;<br>  •  |   |  |                      | City FL Zip Code                                   |  |   |                      |                         |                          |  |
| 8. 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. I am familiar with, and accept  |   |  |                      |  |  |   |                      |                         |                          |  |
| the obligations of registered agent.  SIGNATURE   |   |  |                      |  |  |   |                      |                         |                          |  |
| Signature: typed or orinted harne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |   |  |                      |  |  |   |                      |                         |                          |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  |   |  |                      |  |  |   |                      |                         |                          |  |
| 10.   | OFFICERS AND  | DIRECTORS  | 11.                  |  | ADDITIONS,   | CHANGES TO OFF                          |                      |                         | IN 11                    |  |
| TITLE   | DC Delete TITL  |  |                      |  |  |   |                      | Change                  | ☐ Addition               |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CLARK, STEPHEN T<br>1501 S MOPAC EXPRESSWAY,<br>AUSTIN, TX 78746  | NAME<br>STREET A<br>CITY ST-                               | 001 001 (60 60 3)    |  |  |   |                      |                         |                          |  |
| TITLE   | DP  | TITLE  |                      | <del></del>  |  | ū                                       | Change               | Addition                |                          |  |
| NAME<br>STREET ADDRESS  | CLARK, M T  1501 S MOPAC EXPRESSWAY, STE 230  SIRE  |  |                      | AME TREE ADDRESS 301 CON GRESS AVENUE, SUITE 500   |  |   |                      |                         |                          |  |
| CITY ST-ZIP   | 100 / 0 / 100 |  |                      | SI-ZIP AUSTIN, TX 78701                            |  |   |                      |                         |                          |  |
| TITLE<br>NAME   | SADUR, NADER NAM  |  |                      | ITLE SALOUR NADER SALOUR NADER                     |  |   |                      |                         |                          |  |
| STREET ADDRESS<br>CHY-ST-ZIP  | JUPITER, FL 33458 CITY  |  |                      | ADDRESS<br>-ZIP                                    |  |   |                      |                         |                          |  |
| TITLE<br>NAME   | T<br>HARPER, PAM  | TITLE<br>NAME  |                      |  |  | 2                                       | Change               | Addition                |                          |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | ·   |  |                      | ADDRESS 361  | 301 CONGRESS AVENUE, SUITE 500<br>AUSTIN, TX 78701 |   |                      |                         |                          |  |
| IIILE   |   | ☐ Oelete   | IIICE                | 1,1  | ·  | , |                      | Change                  | Addition                 |  |
| NAME<br>STREET ADDRESS  |   |  | NAME<br>STREET A     | VUUBESS  |  |   |                      |                         | [                        |  |
| CITY ST-ZIP   |   |  | CITY ST              | I  |  |   |                      |                         | İ                        |  |
| TULLE   |   | ☐ Delete   | MLE                  |  | "  |   |                      | Сналде                  | ☐ Addition               |  |
| NAME<br>OTOGET ARROSEDO   |   |  | NAME                 | 1000000  |  |   |                      |                         |                          |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |  | STREET A             |  |  |   |                      |                         |                          |  |
| 12. I hereby o  | certify that the information supplied with  | this filing does not qualify for                           | r the exemp          | ptions contained                                   | t in Chapter 11                                    | 9, Florida Statutes.                    | I further certify to | that the in             | formation<br>or director |  |
| 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Horida Statutes. I further certify that the information indicated on this report or supplemental eport 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 distance empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment of an address, both all other like suppowered. |   |  |                      |  |  |   |                      |                         |                          |  |
| 1 W/T W AK   M/ 3/W/ 7 (5) (10) (10)  |   |  |                      |  |  |   |                      |                         |                          |  |
| SIGNATURE: /// / SIGNATURE: /// / SIGNATURE OF PRINTED IN THE OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone •   |   |  |                      |  |  |   |                      |                         |                          |  |