2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G13204

Entity Name: CYPRESS TRAVEL CENTER, INC.

FILED Mar 07, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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921 NEWBERGER RD LUTZ, FL 33549 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1229 P.O. BOX 1229

LUTZ, FL 335481229 LUTZ, FL 335481229 US

FEI Number: 59-2241039 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WHITAKER, ROBERT D 921 NEWBERGER RD LUTZ, FL 33549 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 Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: WHITAKER, RICHIE S, Name: WHITAKER, RICHIE S,

 Address:
 P.O. BOX 1229
 Address:
 P.O. BOX 1229

 City-St-Zip:
 LUTZ, FL 335481229
 City-St-Zip:
 LUTZ, FL 335481229 US

Title: STD () Delete Title: STD (X) Change () Addition

City-St-Zip: LUTZ, FL 335481229 City-St-Zip: LUTZ, FL 335481229 US

Title: D () Delete Title: D (X) Change () Addition
Name: WHITAKER, ROBERT D J, R
Address: 19112 HOLLY LANE
Address: 19112 HOLLY LANE

 Address:
 19112 HOLLY LANE
 Address:
 19112 HOLLY LANE

 City-St-Zip:
 LUTZ, FL 33548
 City-St-Zip:
 LUTZ, FL 33548 US

Title: () Delete Title: (X) Change () Addition WHITAKER, BARRINGTON, P WHITAKER, BARRINGTON, P Name: Name: Address: 107 PEACOCK CIRCLE Address: 107 PEACOCK CIRCLE City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: D () Delete Title: D (X) Change () Addition

Name:WHITAKER, CAMPBELL S,Name:WHITAKER, CAMPBELL S,Address:14905 LEJEUNEAddress:919 NEWBERGER ROADCity-St-Zip:TAMPA, FLCity-St-Zip:LUTZ, FL 33549 US

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: ROBERT D WHITAKER STD 03/07/2006