2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Apr 21, 2008 08:00 AN Secretary of State DOCUMENT # H18043 1. Entity Name CYPRESS PARK ENTERPRISES INC. Principal Place of Business Mailing Address 21271 CYPRESS PARK 21271 CYPRESS PARK ESTERO FL 33928 ESTERO FL 33928 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 58-1615813 Not Applicable Zip Country Ζφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ENSLEY, ROGER W Street Address (P.O. Box Number is Not Acceptable) 21271 CYPRESS PARK ESTERO FL 33928 City 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. 4-18-08 8xC7E Registered Agent stonature required when reinstatured FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Derete TITLE ☐ Change ■ Addition NAME ENSLEY, ROGER W NAME U00000913265 14618 KILDARE ROAD STREET ADDRESS STREET ADDRESS 05/08/08-80009-009 158.75 CITY-ST-ZIP SOMERSET MI 49282 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME ENSLEY, LORENA G. MARKE STREET ADDRESS 14618 KILDARE ROAD STREET ADDRESS CITY-ST-ZIP SOMERSET MI 49282 CITY-ST-7IP TTLE Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-78 CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition NAM: NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Deiele TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 receiver or trustee empowered to execute this 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 with an address, with all other like empowered. (ROGER W. ENSLEY) 4-18-08 (239) 949-1440

CITY-ST-7IP