

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H26899

FILED
Mar 17, 2009
Secretary of State

Entity Name: CYPRESS CREEK INTERMEDIARIES, INC.

Current Principal Place of Business:

680 STONEFIELD LOOP
HEATHROW, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

680 STONEFIELD LOOP
HEATHROW, FL 32746 US

New Mailing Address:

FEI Number: 59-2455030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKFIELD, KIM P.
405 MUDDYCREEK LANE
ORMOND BEACH, FL 32714 US

Name and Address of New Registered Agent:

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:

Title: VT () Delete
Name: PYLE, PEGGY B,
Address: 680 STONEFIELD LOOP
City-St-Zip: HEATHROW, FL

Title: AV () Delete
Name: BARRETT, LAURIE P
Address: 19008 PARK PLACE BLVD
City-St-Zip: EUSTIS, FL 32726

Title: AS () Delete
Name: SULLIVAN, CHRISTINE, P
Address: 311 PINE SHADOW LANE
City-St-Zip: LAKE MARY, FL

Title: P () Delete
Name: PYLE, ANDREW T
Address: 1519 HARMON AVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP/T (X) Change () Addition
Name: PYLE, PEGGY B,
Address: 680 STONEFIELD LOOP
City-St-Zip: HEATHROW, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PEGGY B. PYLE

VP/T

03/17/2009

Electronic Signature of Signing Officer or Director

_____ Date