2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 01, 2004 08:00 AM Secretary of State **DOCUMENT # P00000046232** 1. Entity Name CYPRESS SECURITY SYSTEMS INC. Principal Place of Business Mailing Address 326 EAGLE DRIVE 326 EAGLE DRIVE JUPITER, FL 33477-4066 JUPITER, FL 33477-4066 02102004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1079275 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TICE, GEORGE 326 EAGLE DRIVE JUPITER, FL 33477-4066 IN THIS SPACE 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 10000071997 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 ù3/V1/04-80093-018 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE NAME TICE, GEORGE STREET ADDRESS 326 EAGLE DRIVE CITY-ST-ZIP JUPITER, FL 334774066 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 path; that I am an officer or director of the corporation or the receiver or true tee 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.

SIGNATURE: _

NAME STREET ADDRESS CITY - ST - ZIP

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED