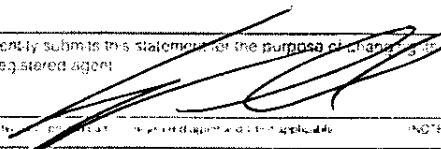
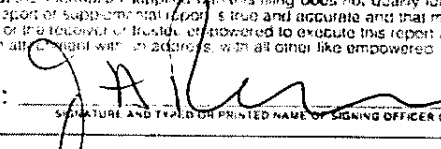


FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90007 035 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000082984																																	
1. Entry Name CYPRESS DEVELOPMENT CORP																																	
Principal Place of Business 3912 S. CONGRESS AVE LAKE WORTH, FL 33461		Mailing Address 3912 S. CONGRESS AVE LAKE WORTH, FL 33461																															
2. Principal Place of Business - No P.O. Box # 10800 Sikes Place Suite 330 Charlotte, NC 28277 US		3. Mailing Address 10800 Sikes Place Suite 330 Charlotte NC 28277 US																															
02242007 Chg-P CR2ED34 (12/06)		4. FE Amount 65-1131098																															
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent REALE, JOSEPH A 17149 GULF PINE CIRCLE WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Cary Sabol 101 N J Street, Ste 2 Lake Worth FL 33460																															
8. The above named entity submits this statement for the purpose of changing or registered office or registered agent or the obligations of registered agent		2/27/07																															
SIGNATURE 		DATE 2/27/07																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																															
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																															
<table border="1"><tr><td>TITLE</td><td>P</td><td>NAME</td><td>REALE, JOSEPH A</td><td>☐ Delete</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td>17149 GULF PINE CIRCLE</td><td></td></tr><tr><td>CITY ST ZIP</td><td></td><td></td><td>WELLINGTON, FL 33414</td><td></td></tr></table>		TITLE	P	NAME	REALE, JOSEPH A	☐ Delete	STREET ADDRESS			17149 GULF PINE CIRCLE		CITY ST ZIP			WELLINGTON, FL 33414		<table border="1"><tr><td>TITLE</td><td>P</td><td>NAME</td><td>Reale, Joseph A</td><td>☒ Change ☐ Add</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td>10800 Sikes Place, Suite 330</td><td></td></tr><tr><td>CITY ST ZIP</td><td></td><td></td><td>Charlotte NC 28277</td><td></td></tr></table>		TITLE	P	NAME	Reale, Joseph A	☒ Change ☐ Add	STREET ADDRESS			10800 Sikes Place, Suite 330		CITY ST ZIP			Charlotte NC 28277	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 111, Florida Statutes. I further certify that the information included on this report of 5000 or more shareholders 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 recorder of Florida, empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 10 or Book 11 of the changed or on an affidavit with an address, with all other like empowered																																	
SIGNATURE: 		2/27/07																															
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	