

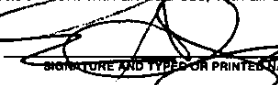


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90021 045 \*\*\*150.00

<b>DOCUMENT # P01000091759</b> 1. Entity Name <b>CYPRESS CREEK TITLE CORPORATION</b>					
Principal Place of Business <b>2700 W. CYPRESS CREEK RD., STE. D-115 FT. LAUDERDALE, FL 33309</b>			Mailing Address <b>2700 W. CYPRESS CREEK RD., STE. D-115 FT. LAUDERDALE, FL 33309</b>		
2. Principal Place of Business <b>1308 N. State Road 7</b>		3. Mailing Address <b>1308 N. State Road 7</b>		  02032005    Chg-P    CR2E034 (10/03)	
Suite, Apt. #, etc. <b>Suite E</b>		Suite, Apt. #, etc. <b>Suite E</b>			
City & State <b>Margate, FL</b>		City & State <b>Margate, FL</b>			
Zip <b>33063</b>		Zip <b>33063</b>			
Country <b>Broward</b>		Country <b>Broward</b>		4. FEI Number <b>65-1139941</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>KLEINMAN, HOWARD R 800 W CYPRESS CREEK RD, STE 240 FT. LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent Name <b>Howard R. Kleinman</b> Street Address (P.O. Box Number is Not Acceptable) <b>1308 N. State Road 7</b>  City <b>Margate</b> <b>FL</b> Zip Code <b>33063</b>		
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)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PS NAME GARVEY, SHANNON A STREET ADDRESS 2700 W. CYPRESS CREEK RD., STE., D-115 CITY-ST-ZIP FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		TITLE PS NAME Shannon A. Garvey STREET ADDRESS 1308 N. State Road 7, Suite E CITY-ST-ZIP Margate, FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DVT NAME KLEINMAN, HOWARD R STREET ADDRESS 800 W CYPRESS CREEK RD,STE 240 CITY-ST-ZIP FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		TITLE DVT NAME Howard R. Kleinman STREET ADDRESS 1308 N. State Road 7 CITY-ST-ZIP Margate, FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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.					
SIGNATURE: 			Shannon A. Garvey      2/3/05      954-691-2710		