


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90048 037 ***150.00

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DOCUMENT # P02000006554				
1. Entity Name CYRANO INVESTMENTS, INC.				
Principal Place of Business 13215 DRAYTON DR. SPRING HILL, FL 34609		Mailing Address 13215 DRAYTON DR. SPRING HILL, FL 34609		
2. Principal Place of Business - No P.O. Box # 12277 Cyrano Ave.		3. Mailing Address 12277 Cyrano Ave.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State Brooksville, FL		City & State Brooksville, FL		4. FEI Number 30-0031000
Zip 34601	Country Hernando	Zip 34601	Country Hernando	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent NESSLER, PAUL H JR 10002 CORTEZ BLVD BROOKSVILLE, FL 34613			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.				
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NESSLER, PAUL JR 10002 CORTEZ BLVD BROOKSVILLE, FL 34613	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowerments.				
SIGNATURE: <i>Paul H. Nessler</i>			Date: 1/22/07	Daytime Phone #: 352 596-4242
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>	<small>Daytime Phone #</small>