

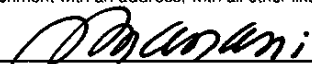


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90060 018 \*\*\*150.00

<b>DOCUMENT # P02000030633</b> 1. Entity Name <b>TAM/CYPRESSWOOD SERVICES, INC.</b>					
Principal Place of Business <b>2201 NW 30TH PLACE, SUITE A POMPAÑO BEACH, FL 33069</b>			Mailing Address <b>2201 NW 30TH PLACE, SUITE A POMPAÑO BEACH, FL 33069</b>		
2. Principal Place of Business  Suite, Apt. #, etc. <b>Suite A</b>		3. Mailing Address  Suite, Apt. #, etc. <b>Suite A</b>			
City & State  		City & State  		02222005    Chg-P    CR2E034 (10/03)	
Zip  		Zip  		4. FEI Number <b>02-0573115</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DR. STE 500 EAST WEST PALM BEACH, FL 33401</b>			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code         </div>		
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>					
<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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALNAJJAR, NADER 2201 NW 30TH PLACE POMPAÑO BEACH, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2201 NW 30th Place, Suite A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHALEFF, LAWRENCE N 2201 NW 30TH PLACE POMPAÑO BEACH, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2201 NW 30th Place, Suite A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTA CLARK, SUSAN 2201 NW 30TH PLACE POMPAÑO BEACH, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2201 NW 30th Place, Suite A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DHANANI, MEENAZ 2201 NW 30TH PLACE POMPAÑO BEACH, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2201 NW 30th Place, Suite A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LAL, SANJAY 2201 NW 30TH PLACE POMPAÑO BEACH, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2201 NW 30th Place, Suite A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHETTY, DAYANAND 2201 NW 30TH PLACE POMPAÑO BEACH, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2201 NW 30th Place, Suite A	
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.					
<b>SIGNATURE:</b> 			3/3/05    1-407-239-9142		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		
<b>Meenaz Dhanani - Vice President</b>					