

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000015887

FILED
Dec 13, 2006
Secretary of State**Entity Name:** CYPRESS#1, INC.**Current Principal Place of Business:**2954 AIRGLADES BLVD
CLEWISTON, FL 33440 US**New Principal Place of Business:****Current Mailing Address:**2954 AIRGLADES BLVD
CLEWISTON, FL 33440 US**New Mailing Address:****FEI Number:** 83-0380110**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TOMASSETTI, A. JEFFREY ESQ
406 ASH STREET
FERNANDINA BEACH, FL 32034 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:_____
Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** CEO () Delete
Name: BOND, PETER D
Address: 2954 AIRGLADES BLVD.
City-St-Zip: CLEWISTON, FL 33440 US**Title:** PRES () Delete
Name: WALTON, STEVEN P COO
Address: 2954 AIRGLADES BLVD.
City-St-Zip: CLEWISTON, FL 33440 US**Title:** VP () Delete
Name: SAMUELS, RICHARD J TRES
Address: 2954 AIRGLADES BLVD.
City-St-Zip: CLEWISTON, FL 33440 US**Title:** SEC () Delete
Name: SAMUELS, RICHARD J
Address: 2954 AIRGLADES BLVD.
City-St-Zip: CLEWISTON, FL 33440 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** CEO (X) Change () Addition
Name: BOND, PETER D DIR.
Address: 2954 AIRGLADES BLVD.
City-St-Zip: CLEWISTON, FL 33440 US**Title:** PRES (X) Change () Addition
Name: BOND, PETER D
Address: 2954 AIRGLADES BLVD.
City-St-Zip: CLEWISTON, FL 33440 US**Title:** TRES (X) Change () Addition
Name: BOND, PETER D
Address: 2954 AIRGLADES BLVD.
City-St-Zip: CLEWISTON, FL 33440 US**Title:** SEC (X) Change () Addition
Name: BOND, PETER D
Address: 2954 AIRGLADES BLVD.
City-St-Zip: CLEWISTON, FL 33440 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER D. BOND

CEO

12/13/2006

Electronic Signature of Signing Officer or Director_____
Date