2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015887

City-St-Zip:

CLEWISTON, FL 33440 US

FILED Apr 20, 2007 Secretary of State

Entity Name: CYPRESS#1, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	LADES BLVD DN, FL 33440	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	LADES BLVD DN, FL 33440	US			
FEI Number:	83-0380110	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
TOMASSETTI, A. JEFFREY ESQ 406 ASH STREET FERNANDINA BEACH, FL 32034 US			SUITE 3300	50 NORTH LAURA STREET	
The above in the State		ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: HALCYON E. SKINNER, ESQ.				04/20/2007	
		c Signature of Registered Age	ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO () BOND, PETER D 2954 AIRGLADE CLEWISTON, FL	S BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PRES () BOND, PETER D 2954 AIRGLADE CLEWISTON, FL	S BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TRES () BOND, PETER D 2954 AIRGLADE CLEWISTON, FL	S BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	SEC () BOND, PETER D 2954 AIRGLADE		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: PETER D. BOND CEO 04/20/2007