


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 8:00 am
Secretary of State

08-04-2006 90017 040 ***150.00

DOCUMENT # P04000095029

1. Entity Name
CYGNET PROPERTIES INCORPORATED



Principal Place of Business 220 SUNRISE AVENUE 100 PALM BEACH, FL 33480	Mailing Address 220 SUNRISE AVENUE 100 PALM BEACH, FL 33480
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50024261



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07282006 Chg-P CR2E034 (11/05)

City & State	City & State	4. FEI Number 20-1493352	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HILLARY HARRISON GULDEN PA
~~319 CLEMATIS STREET~~
SUITE 315
~~WEST PALM BEACH, FL 33401~~

7. Name and Address of New Registered Agent

Name **HILLARY HARRISON GULDEN PA**
 Street Address (P.O. Box Number is Not Acceptable)
SUI AVILA ROAD
 City **WEST PALM BEACH** **FL** Zip Code **33405**

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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ENGELS-GULDEN, DOROTHY	
STREET ADDRESS	3008 WASHINGTON ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 a true address with all other like empowered.

SIGNATURE: *[Signature]* **President** Date **8/4/06** Daytime Phone # _____