2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2010
Secretary of State

DOCUMENT# P09000080101

Entity Name: CYPRESS THERAPY SERVICES, INC.

Current Principal Place of Business:

16091 BLATT BLVD
UNIT #308
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

16091 BLATT BLVD.
UNIT #308
WESTON, FL 33326 US

New Mailing Address:

16091 BLATT BLVD
UNIT #308
WESTON, FL 33326 US

FEI Number: 27-1054827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SOTO, PETER
16091 BLATT BLVD.
UNIT #308
WESTON, FL 33326 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: SOTO, PETER
Address: 16091 BLATT BLVD., UNIT #308
City-St-Zip: WESTON, FL 33326 US

Title: SEC
Name: SOTO, PETER
Address: 16091 BLATT BLVD., UNIT #308
City-St-Zip: WESTON, FL 33326 US

Title: TRE
Name: SOTO, PETER
Address: 16091 BLATT BLVD., UNIT #308
City-St-Zip: WESTON, FL 33326 US

Title: DIRE
Name: SOTO, PETER
Address: 16091 BLATT BLVD., UNIT #308
City-St-Zip: WESTON, FL 33326 US

I hereby 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 all other like empowered.

SIGNATURE: PETER SOTO PRES 04/12/2010

Electronic Signature of Signing Officer or Director Date