CR2E034 (10/02)

## 2003 FOR PROFIT CORPORATION

Apr 07, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UB! P20653 DOCUMENT # 04-07-2003 90183 029 \*\*\*150.00 1. Entity Name CYPRESS FARM, INC. Principal Place of Business Mailing Address \$1450 43RDAVE 290 E. FIFTH STREET 1850 43RD AVENUE GuITE C-11 LOUISVILLE GA 30434 SUITE C-11 VERO BEACH, FL32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address 850 43BD PO BOX uite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 58-1321468 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEUTTELL. GEORGE Street Address (P.O. Box Number is Not Acceptable) ,1850 43RD AVE., STE. C-11 VERO BEACH FL 32960 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change ☐ Addition TITLE SD ☐ Delete NAME MEHNERT, VOLKER NAME STREET ADDRESS STREET ADDRESS 3131 TRAFALGAR HEIGHTS CITY-ST-7iP MONTREAL, QUEBEC CA H3Y- 1H2 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME BACKSTROM, INGELA NAME STREET ADDRESS **SKILLINGGRAND 7** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STOCKHOLM, SWEDEN S-112-20 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME NISSEN, CHRISTA STREET ADDRESS STREET ADDRESS TILLFLYKTEN CITY-ST-ZIP CITY-ST-ZIP DROTTNINGHOLM, SWEDEN S-179-93 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME NISSEN, ANDREAS STREET ADDRESS STREET ADDRESS JOHN ERICSSONSGATAN 12 CITY-ST-ZIP CITY-ST-ZIP STOCKHOLM, SWEDEN S-112-22 ASSISTANT VICE PRESIDENT TITLE □ Delete TITLE Change Addition GEORGE M BEYTHELL NAME NAME STREET ADDRESS POBOX 2 369 STREET ADDRESS VERO BEACH, CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI E ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 in the receiver 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 in the receiver 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 in the receiver 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 in the receiver 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 in the receiver 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 in 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 in the receiver of the receiver or trustee empowered to execute the receiver of the receive changed, or on an attachment with an

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SIGNATURE:

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