2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000021856

FILED Apr 25, 2005 Secretary of State

Entity Name: CYCLONE PROPERTY MANAGEMENT, INC. **Current Principal Place of Business: New Principal Place of Business:** 5420 N. FLORIDA AVE TAMPA, FL 33604 **Current Mailing Address: New Mailing Address:** PO BOX 9762 TAMPA, FL 33674 US FEI Number: 59-3176586 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAWLEY, THOMAS S 5910 N. ÓLA AVE TAMPA, FL 33604 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete Title: (X) Change () Addition

Title: CAWLEY, THOMAS S CAWLEY, THOMAS S Name: Name: 115 W. SLIGH AVE. 5910 N. OLA AVENUE Address: Address: City-St-Zip: TAMPA, FL 33604 City-St-Zip: TAMPA, FL 33604

Title: VΡ Title: VΡ (X) Change () Addition () Delete Name: CAWLEY, ANDREA R Name: CAWLEY, ANDREA R 115 W. SLIGH AVE. Address: 5910 N. OLA AVENUE Address: TAMPA, FL 33604 TAMPA, FL 33604 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

VΡ SIGNATURE: ANDREA CAWLEY 04/25/2005