

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90486 021 \*\*\*158.75

<b>DOCUMENT # P93000037730</b>					
1. Entity Name CYPRESS WOODS DOMESTIC INVESTORS, INC.					
Principal Place of Business 11925 COLLIER BLVD., #201 NAPLES, FL 34116-6543 US			Mailing Address PO BOX 990039 NAPLES, FL 34116-6543 US		
2. Principal Place of Business		3. Mailing Address PO Box 990039			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State NAPLES, FL		4. FEI Number 65-0419098	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		34116-6060	US		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KRAMER, WILLIAM 11925 COLLIER BLVD., #201 NAPLES, FL 34116			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FAXON, DAVID P		NAME		
STREET ADDRESS	P.O. BOX 510688		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33951		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BALLANTYNE, WAYNE E		NAME		
STREET ADDRESS	1119 REGENCY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 43220		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	S KRAMER, WILLIAM	
STREET ADDRESS			STREET ADDRESS	PO Box 990039	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FL 34116-6060	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>William D. Kramer</i>			APR 30 2005 239-348-0272		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		