2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000033881 Secretary of State 02-27-2006 90058 047 ***150.00 SOUTH CYPRESS, INC. Principal Place of Business Mailing Address 1560-51ST-COURT 1560 51ST COURT VERO BEACH, FL 32966 VERO BEACH, FL 32966 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 1680 Stonewall Drive Sulte, Apt. #, etc. 02232006 Chq-P CR2E034 (11/05) Çity & State City & State 4. FEI Number Applied For VERD BEACH EXCO 65-0489488 Not Applicable Country I.R. Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURDETTE, SUSAN.C. Street Address (P.O. Box Number is Not Acceptable) 1560-51ST-COURT VERO BEACH, FL 32966 6. 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. wette SIGNATURE printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D Delete TITLE Change ☐ Addition BURDETTE, SUSAN C NAME NAME 1680 STONEWALL DRIVE STREET ADDRESS 1500 51ST OT STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32966 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 an address, with all other like empowered.

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2-23-06 772 321-6521

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Feb 27, 2006 8:00 am