2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# P94000074116

Entity Name: CYPRESS INSURANCE GROUP, INC.

Current Principal Place of Business:

800 EAST CYPRESS CREEK ROAD
SUITE 400
FT. LAUDERDALE, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

P.O. DRAWER 9328
FT. LAUDERDALE, FL 33310 US

New Mailing Address:

FEI Number: 65-0525578 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOND, ROGER G PRES
800 EAST CYPRESS CREEK ROAD
SUITE 400
FORT LAUDERDALE, FL 33334 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 ( ) Delete
Name: BOND, ROGER G
Address: 3111 NE 57TH ST
City-St-Zip: FT LAUDERDALE, FL 33308

Title: VP ( ) Delete
Name: BREITBART, STEVEN
Address: 5090 SW 89TH TERRACE
City-St-Zip: COOPER CITY, FL 33328

Title: TS ( ) Delete
Name: BOND, TERRY A
Address: 3111 NE 57TH ST
City-St-Zip: FT LAUDERDALE, FL 33308

Title: VP ( ) Delete
Name: ROBINSON, TERRY
Address: 2370 NE 7TH PLACE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VP ( ) Delete
Name: ARCIOLA, DEBBIE
Address: 1351 NE 48 CT.
City-St-Zip: OAKLAND PARK, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: TERRY A. BOND TS 01/23/2009

Electronic Signature of Signing Officer or Director — Date