2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2005 8:00 am Secretary of State 05-03-2005 90155 047 ***150.00 **DOCUMENT # P95000059229** CYPRESS MANAGEMENT SERVICES, INC. 20054854 Principal Place of Business Mailing Address 620 N.CRAYCROFT RD 620 N.CRAYCROFT RD TUCSON, AZ 85750 TUCSON, AZ 85750 3. Mailing Address 2. Principal Place of Business 5524 E. 4+h 5524 Suite, Apt. #, etc. SUITE, MPT. 17, 613. 04252005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For AZ Tucson UCSON 59-3329935 Not Applicable Zip \$8.75 Additional USA 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD PLANTATION, FL 33324 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Addition TITLE 📆 Change TITLE MCCUSKER, FLETCHER -620 N.CRAYOROFT--T 5524 E. 4th St STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TUCSON, AZ 85711 CITY-ST-ZIP Tucson, AZ 8571 PD ☐ Delete TITLE ☐ Change ☐ Addition DOVER, BOYD NAME NAME STREET ADDRESS 4910-D CREEKSIDE DR STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33760 CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition DEITCH, MICHAEL NAME NAME STREET ADDRESS 620 N.ORAYGROFT RD STREET ADDRESS CITY-ST-ZIP **TUCSON, AZ 85711** CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TETLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADORESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED