2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000092698

Entity Name: CYPRESS RIDGE INVESTMENTS, INC.

FILED Apr 04, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

7200 LAKE ELLENOR DR STE 102 ORLANDO, FL 32809

Current Mailing Address: New Mailing Address:

5750 LAKESHORE GROVE PL 25513 HIGH HAMPTON CIR SANFORD, FL 32771 SORRENTO, FL 32776

FEI Number: 59-3480108 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:

GRAVES, ROCKY
5750 LAKESHORE GROVE PL
SANFORD, FL 32771 US
GRAVES, ROCKY
25513 HIGH HAMPTON CIR
SORRENTO, FL 32776 US

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: 04/04/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete Title: PRES (X) Change () Addition

 Name:
 GRAVES, ROCKY R
 Name:
 GRAVES, ROCKY R

 Address:
 5750 LAKESHORE GROVE PL
 Address:
 25513 HIGH HAMPTON CIR

 City-St-Zip:
 SANFORD, FL 32771
 City-St-Zip:
 SORRENTO, FL 32776

Title: () Delete Title: SECR () Change (X) Addition

Name: Name: GRAVES, JENNY

Address: Address: 25513 HIGH HAMPTON CIR City-St-Zip: City-St-Zip: SORRENTO, FL 32776

I hereby certify that the information supplied with this filing does not qualify for the 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: ROCKY R. GRAVES PRES 04/04/2007