

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000094255

FILED
Jan 16, 2006
Secretary of State

Entity Name: CYPRESS BRANCH INVESTORS, INC.

Current Principal Place of Business:

29 CHEYENNE COURT
PALM COAST, FL 32737

New Principal Place of Business:

Current Mailing Address:

PO BOX 0855
PALM COAST, FL 32135

New Mailing Address:

PO BOX 350855
PALM COAST, FL 32135

FEI Number: 59-3544636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAGLIANO, ANTHONY
29 CHEYENNE COURT
PALM COAST, FL 32737 US

Name and Address of New Registered Agent:

STAGLIANO, ANTHONY
29 CHEYENNE COURT
PALM COAST, FL 32137 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: _____

Electronic Signature of Registered Agent

01/16/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STAGLIANO, ANTHONY
Address: 29 CHEYENNE CT
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: DILLARD, MICHAEL W
Address: 35 CLEVELAND COURT
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ANTHONY STAGLIANO

D

01/16/2006

Electronic Signature of Signing Officer or Director

Date