2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000020091

NAPLES, FL 34103

Entity Name: OLDE CYPRESS MARKETING GROUP, INC.

FILED Apr 30, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

4501 TAMIAMI TRAIL - SUITE 300 4501 TAMIAMI TRAIL NORTH

NAPLES, FL 34103 SUITE 300

NAPLES, FL 34103

Current Mailing Address: New Mailing Address:

4501 TAMIAMI TRAIL - SUITE 300 4501 TAMIAMI TRAIL NORTH

SUITE 300

NAPLES, FL 34103

FEI Number: 59-3628816 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:

COLEMAN, KEVIN G ESQ GOODLETTE, COLEMAN & JOHNSON, P.A. GOODLETTE, COLEMAN & JOHNSON, P.A. 4001 TAMIAMI TRAIL NORTH, SUITE 300 4001 TAMIAMÍ TRAIL NORTH

SUITE 300 NAPLES, FL 34103 US NAPLES, FL 34103 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: CRAIG D. GRIDER 04/30/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

Title:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

BLACK, BRAD Name: STOCK, BRIAN K Name:

4501 TAMIAMI TRAIL NORTH, SUITE 300 4501 TAMIAMI TRAIL NORTH, SUITE 300 Address: Address:

City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103

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

Name: BLACK, BRAD Name: STOCK, BRIAN K

4501 TAMIAMI TRAIL NORTH, SUITE 300 4501 TAMIAMI TRAIL NORTH, SUITE 300 Address: Address:

NAPLES, FL 34103 NAPLES, FL 34103 City-St-Zip: City-St-Zip:

() Delete Title: Title: () Change () Addition

HOULDSWORTH, SANDRA J Name: Name: 4501 TAMIAMI TRAIL NORTH, SUITE 300 Address: Address City-St-Zip: NAPLES, FL 34103 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.

Ρ SIGNATURE: BRAD BLACK 04/30/2006