2004 FOR PROFIT CORPORATION

FILED Apr 26, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # S19434 Entity Name CYPRESS PARTNERS, INC. Principal Place of Business Mailing Address 11 OAK HILL WAY PO 80X 412 STUART, FL 34996 JENSEN BEACH, FL 34958 84232084 No Chg-P CB2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0241058 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MESARD, FREDERICK DO NOT WRITE 11 OAK HILL WAY STUART, FL 34996 IN THIS SPACE 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 fills if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Se FILE NOW!!! FEE IS \$150.00 U00000132228 04/27/04-80038-006 150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. THE MAME MESARD, FREDERICK, C 11 OAK HILL WAY STREET ADDRESS CITY-ST-ZIP STUART, FL 34996 TETLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 outrules empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with a professionables, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP 3171.5

STREET ADDRESS City-St-ZiP