


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90036 008 \*\*\*\*61.25

<b>DOCUMENT # 729365</b> 1. Entity Name CROSSWINDS YOUTH SERVICES, INC.	
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Principal Place of Business 1407 DIXON BLVD. COCOA, FL 32922	Mailing Address 1407 DIXON BLVD. COCOA, FL 32922
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**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7376943	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  LOKAY, JANET G 1407 DIXON BLVD COCOA, FL 32922
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**DO NOT WRITE  
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D S HEMME, DAVE 12 PLANTATION DRIVE #203 VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>CH</del> D HANDLEY, CYNTHIA 10 WILLOW GREEN DRIVE COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT GOLDMAN, MITCHELL 98 WILLARD ST., SUITE 302 COCOA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>D</del> CH LEHTON, ROBERT 3000 N ATLANTIC AVE STE 102 COCOA BCH, FL 32931
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>D</del> D PARKER, JACK 3510 SAVANNAH'S TRAIL MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILSON, SHANNON 5405 FLORIDA PALM AVE COCOA, FL 32926

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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:**  **12th February, 2007 (321) 452-0800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #