

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000068569

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: CROSSROADS SOLUTIONS, INC.

## Current Principal Place of Business:

175 SAND CLIFFS DR  
PANAMA CITY BCH, FL 32413

## New Principal Place of Business:

## Current Mailing Address:

175 SAND CLIFFS DR  
PANAMA CITY BCH, FL 32413

## New Mailing Address:

FEI Number: 59-3729194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCLARY, CINDY  
175 SAND CLIFFS DR  
PANAMA CITY BCH, FL 32413 US

## Name and Address of New Registered Agent:

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

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MCCLARY, CINDY  
Address: 175 SAND CLIFFS DR  
City-St-Zip: PANAMA CITY BCH, FL 32413

Title: D ( ) Delete  
Name: BISTANY, ROSE  
Address: 212 SUGARBERRY CT  
City-St-Zip: NASHVILLE, FL 37211

## 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 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: CINDY MCCLARY

PRES

01/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date