2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004959

KEHAGIAS, ÈVAN

CLEARWATER, FL 33756

611 S. FT. HARRISON AVENUE, SUITE #317

Name:

Address:

City-St-Zip:

FILED Apr 20, 2006 Secretary of State

Entity Name: CROSSLANTIC PARTNERS, INC. **Current Principal Place of Business: New Principal Place of Business:** 611 S. FT. HARRISON AVENUE SUITE 317 CLEARWATER, FL 33756 **New Mailing Address: Current Mailing Address:** 611 S. FT. HARRISON AVENUE SUITE 317 CLEARWATER, FL 33756 FEI Number: 59-3433486 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: MARQUES, ANNA THE ROBBINS LAW FIRM, P.A 611 S. FT. HARRISON AVENUE 2639 DR. MLK JR. STREET NORTH **SUITE #317** ST. PETERSBURG, FL 33704 CLEARWATER, FL 33756 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: J. CHRISTOPHER ROBBINS, ESQ. 04/20/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MARQUES, ANNA Name: Name: 611 S. FT. HARRISON AVENUE, SUITE #317 Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: Title: Title: () Delete () Change () Addition Name: O'CALLAGHAN, WILLIAM Name: 611 S. FT. HARRISON AVENUE, SUITE #317 Address: Address: CLEARWATER, FL 33756 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition DEFULGENTIS, ALEX Name: Name: 611 S. FT. HARRISON AVENUE, SUITE #317 Address: Address: CLEARWATER, FL 33756 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM O'CALLAGHAN Μ 04/20/2006