2008 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 28, 2008 Secretary of State

Entity Name: CROSSLANTIC PARTNERS, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
611 S. FT. HARRISON AVENUE SUITE 317 CLEARWATER, FL 33756					
Current Mailing Address:			New Mailing Address:		
SUITE 317	HARRISON A ATER, FL 337				
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	Name and Address of New Registered Agent:	
THE ROBBINS LAW FIRM, P.A. 2639 DR. MLK JR. STREET NORTH ST. PETERSBURG, FL 33704 US			2639 DR. MLK JR. S	ROBBINS EQUITAS, P.A. 2639 DR. MLK JR. STREET NORTH ST. PETERSBURG, FL 33704 US	
	named entity of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: CHRISTOPHER ROBBINS				04/28/2008	
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MARQUES, AN	RISON AVENUE, SUITE #317	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	O'CALLAGHAN	RISON AVENUE, SUITE #317	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DEFULGENTIS	RISON AVENUE, SUITE #317	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title:	Р () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM O'CALLAGHAN 04/28/2008 Μ