

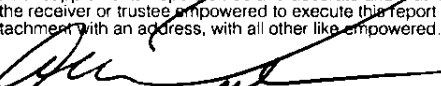


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90006 040 ***158.75

DOCUMENT # J17508 1. Entity Name RIVER CROSSING DEVELOPMENT CO., INC.					
Principal Place of Business 9020 RANCHO DEL RIO DRIVE, SUITE 123 NEW PORT RICHEY, FL 34655 US				Mailing Address 9020 RANCHO DEL RIO DRIVE, SUITE 123 NEW PORT RICHEY, FL 34655 US	
2. Principal Place of Business - No P.O. Box # 9400 River Crossing Blvd.		3. Mailing Address 9400 River Crossing Blvd.			
Suite, Apt. #, etc. Suite 102		Suite, Apt. #, etc. Suite 102			
City & State New Port Richey, FL		City & State New Port Richey, FL			
Zip 34655		Zip 34655			
Country Pasco		Country Pasco		01182007 Chg-P CR2E034 (12/06)	
4. FEI Number 59-2682608				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEEB, ALEX R 9020 RANCHO DEL RIO DRIVE, SUITE 125 NEW PORT RICHEY, FL 34655				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9400 River Crossing Blvd., Suite 102 City New Port Richey FL 34655	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing: <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DEEB, ALEX R 9020 RANCHO DEL RIO DRIVE STE 125 NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9400 River Crossing Blvd., Suite 102 New Port Richey, FL 34655	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SINDELAR, MARJORIE H 9020 RANCHO DEL RIO DR., SUITE 122 NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9400 River Crossing Blvd., Suite 102 New Port Richey, FL 34655	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, 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:  Alex R. Deeb, President			3/2/07 727-376-6831 <small>Date Daytime Phone #</small>		