2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L67817

Entity Name: CRSS, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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13825 US 19N 10988 56TH LANE

CLEARWATER, FL 34624 US PINELLAS PARK, FL 33782 US

Current Mailing Address: New Mailing Address:

PO BOX 17546 10988 56TH LANE

CLEARWATER, FL 33762 US PINELLAS PARK, FL 33782 US

FEI Number: 59-3005511 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:

MILLER, LINDA
13825 US HWY 19 N
MILLER, LINDA
10988 56TH LANE

CLEARWATER, FL 33764 US PINELLAS PARK, FL 33782 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: LINDA M. MILLER 04/29/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: () Change () Addition

 Name:
 MILLER, ROBERT,
 Name:

 Address:
 10988 56 LANE
 Address:

 City-St-Zip:
 PINELLAS PARK, FL 33782
 City-St-Zip:

Title: PD () Delete Title: () Change () Addition

 Name:
 MILLER, LINDA,
 Name:

 Address:
 10988 56TH LANE
 Address:

 City-St-Zip:
 PINELLAS PARK, FL 33782
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

Name: MILLER, CHRISTOPHER
Address: 1235 OAKHAVEN DR
City-St-Zip: PINELLAS PARK, FL 33782

Name: MILLER, CHRISTOPHER
Address: 10988 56TH LANE
City-St-Zip: PINELLAS PARK, FL 33782

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: LINDA M. MILLER PRES 04/29/2008