

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M65085

FILED
Feb 11, 2009
Secretary of State

Entity Name: CROSS RIVER PROPERTIES, INC.

Current Principal Place of Business:

656 BUCK HENDRY WAY
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

656 BUCK HENDRY WAY
STUART, FL 34994 US

New Mailing Address:

656 BUCK HENDRY WAY
STUART, FL 34994

FEI Number: 65-0051457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SATUR, DAVID
656 BUCK HENDRY WAY
STUART, FL 34994 US

Name and Address of New Registered Agent:

SATUR, DAVID
656 BUCK HENDRY WAY
STUART, FL 34994 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: DAVID SATUR

02/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SATUR, DAVID,
Address: 867 KUBIN AVE.
City-St-Zip: JENSEN BEACH, FL

Title: DST () Delete
Name: SATUR, KAREN P
Address: 867 NE KUBIN AVE
City-St-Zip: JENSEN BEACH, FL 34957

Title: DV () Delete
Name: BROWN, JENNIFER L
Address: 2462 SE MARSEILLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SATUR, DAVID
Address: 867 KUBIN AVE.
City-St-Zip: JENSEN BEACH, FL 34957

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: DAVID SATUR

DP

02/11/2009

Electronic Signature of Signing Officer or Director

Date