



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90070 017 ****61.25

DOCUMENT # N01000001192 1. Entity Name CROSS INTERNATIONAL AID, INC.					
Principal Place of Business 370 W. CAMINO GARDENS BLVD. BOCA RATON, FL 33432			Mailing Address 370 W. CAMINO GARDENS BLVD. BOCA RATON, FL 33432		
2. Principal Place of Business 600 SW 3 St. Suite, Apt. #, etc. Suite 2201 City & State Pompano Beach, FL Zip 33060 Country Broward		3. Mailing Address 600 SW 3 St. Suite, Apt. #, etc. Suite 2201 City & State Pompano Beach, FL Zip 33060 Country Broward			
01092006 Chg-NP CR2E037 (11/05)				4. FEI Number 65-1086387	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VALDES- FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER DRIVE SUITE 500 WEST WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KIELAR, MARK 370 W. CAMINO GARDENS BLVD. BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAVNAR, JAMES J 370 W. CAMINO GARDENS BLVD. STE. 204 BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITE, JOE DR 1353 LAKESHORE DRIVE BRANSON, MO 65615	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODD, JIMMY PO BOX 850333 SHAWNEE MISSION, KS 66201	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, CLARENCE 230 CHERRY GROVE CANTON, MI 48188	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, SAM REV 2779 HWY 311 PO BOX 505 SCHRIEVER, LA 70395	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAVNAR, JAMES J 600 SW 3 St. Ste 2201 Pompano Beach, FL 33060	<input checked="" 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 617, 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: <u>James J. Cavnar</u> James J. Cavnar <u>1/10/06</u> <u>954-657-9000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					