

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90042 006 ****61.25

DOCUMENT # N01000001192					
1. Entity Name CROSS INTERNATIONAL AID, INC.					
Principal Place of Business 600 SW 3 ST STE 2201 POMPANO BEACH, FL 33060			Mailing Address 600 SW 3 ST STE 2201 POMPANO BEACH, FL 33060		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01082007 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-1086387				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VALDES- FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER DRIVE SUITE 500 WEST WEST PALM BEACH, FL 33401			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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	D Hodgdon, Bob 21405 W. 73rd Terrace Shawnee, KS 66218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CAVNAR, JAMES J 600 SW 3 ST STE 2201 POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Koontz, Linda 8900 Viscount St, PMB 260 EL Paso, TX 79925-5897	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 Stepelton, Brett 5110 N. Federal Hwy, St. 100 Ft. Lauderdale, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 Conklin, Mark C/O Chick-Fila Corp, 5200 Buffington Rd. Atlanta, GA 30349-2998	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 Hoover, Michael KIB Enterprises, 53402 CR 13 Elkhart, Indiana 46514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	D Harvey, Clarence 2077 E. Houghton Lake Dr. Houghton Lake, MI 48629	<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: <i>James J. Cavnar</i>			1/11/07 954-657-9000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		