

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003586

FILED
Apr 15, 2007
Secretary of State

Entity Name: CROSS CULTURAL CONSULTING, INC.

Current Principal Place of Business:

504 SE 49 AVE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

504 SE 49 AVE
OCALA, FL 34471

New Mailing Address:

FEI Number: 59-3721029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANLEY, DAVID F
200 E LAS OLAS BLVD STE 1900
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, SAUNDRA
Address: 504 SE 49 AVE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: HANLEY, DAVID F
Address: 200 EAST LAS OLAS BLVD., SUITE 1900
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: STAFFORD, FRANK
Address: 334 N.W. 3RD AVENUE
City-St-Zip: OCALA, FL 34475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAUNDRA BROWN

D

04/15/2007

Electronic Signature of Signing Officer or Director

Date