
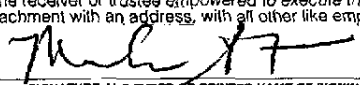


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000004075</b>		
1. Entity Name <b>FIRST CROSSROADS, INC.</b>		
Principal Place of Business <b>4818 ROLLINGS OAKS DRIVE ORLANDO, FL 32818</b>	Mailing Address <b>4818 ROLLINGS OAKS DRIVE ORLANDO, FL 32818</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>JACKSON, MARILYNN A 4818 ROLLINGS OAKS DRIVE ORLANDO, FL 32818</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000475296</b> <b>04/05/06-80009-024 61.25</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, MARILYNN A 4818 ROLLINGS OAKS DRIVE ORLANDO, FL 32818	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, TASMARIA A 4818 ROLLINGS OAKS DRIVE ORLANDO, FL 32818	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOWELL, KEIA 4818 ROLLINGS OAKS DRIVE ORLANDO, FL 32818	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>3/17/06</b> Daytime Phone # _____



03162006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>45-0538428</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required