

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002589

FILED
Apr 23, 2008
Secretary of State

Entity Name: CROSSWINDS EDUCATIONAL RESOURCES, INC.

Current Principal Place of Business:

4630 S. KIRKMAN RD., STE. 202
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

4630 S. KIRKMAN RD., STE. 202
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 90-0200017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN DYKE, STEVEN J.
4630 S. KIRKMAN RD., STE. 202
ORLANDO, FL 32811 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: DP () Delete
Name: HANSEN, TY
Address: 288 BEACH DR., STE. 11-B
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D (X) Delete
Name: HANSEN, BARBIE
Address: 288 BEACH DR., STE. 11-B
City-St-Zip: ST. PETERSBURG, FL 33701

Title: DST () Delete
Name: VAN DYKE, STEVEN
Address: 5348 BURNING TREE DR.
City-St-Zip: ORLANDO, FL 32811

Title: D (X) Delete
Name: VAN DYKE, BONNIE
Address: 5348 BURNING TREE DR.
City-St-Zip: ORLANDO, FL 32811

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:

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

SIGNATURE: STEVEN J VAN DYKE

MR.

04/23/2008

Electronic Signature of Signing Officer or Director

Date