

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010786

FILED  
Mar 28, 2007  
Secretary of State

Entity Name: CROSSING CULTURES INTERNATIONAL, INC

## Current Principal Place of Business:

10130 CAUSEWAY BLVD  
TAMPA, FL 33619

## New Principal Place of Business:

6241 CRICKETHOLLOW DR  
RIVERVIEW, FL 33569

## Current Mailing Address:

10130 CAUSEWAY BLVD  
TAMPA, FL 33619

## New Mailing Address:

PO BOX 6056  
BRANDON, FL 33508

FEI Number: 20-5683013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NELSON, CHARLES D  
6241 CRICKETHOLLOW DRIVE  
RIVERVIEW, FL 33569 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: NELSON, CHARLES D  
Address: 6241 CRICKETHOLLOW DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete  
Name: EDWARDS, JEFFERY G  
Address: 13214 SILVERCREEK DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete  
Name: WILCOX, ROBERT  
Address: 1407 GULFWOOD CT  
City-St-Zip: BRANDON, FL 33510

Title: D ( ) Delete  
Name: BROWN, WILLIAM N JR  
Address: 139 N SMOKEY MOUNTAIN ROAD  
City-St-Zip: SEFFNER, FL 33584

Title: D ( ) Delete  
Name: PHIPPS, SCOTT D  
Address: 9918 COUNTNEY PALMS BLVD #203  
City-St-Zip: TAMPA, FL 33619

Title: D ( ) Delete  
Name: WALKER, DENNIS M  
Address: 3509 MCINTOSH OAKS COURT  
City-St-Zip: DOVER, FL 33527

## 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:

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: CHARLES D NELSON

D

03/28/2007

Electronic Signature of Signing Officer or Director

Date