

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16568

FILED
Apr 30, 2006
Secretary of State

Entity Name: CROSSLIFE INTERNATIONAL INC.

Current Principal Place of Business:

2155 15TH AVE
SUITE D-1
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

2155 15TH AVE
SUITE D-1
VERO BEACH, FL 32960 US

New Mailing Address:

FEI Number: 59-2697394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMENTS, ED
179 LION'S GATE DRIVE
ST. AUGUSTINE, FL 32080 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: PD () Delete
Name: CLEMENTS, ED
Address: 179 LION'S GATE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: DT () Delete
Name: DAVENPORT, SUSAN
Address: 345 22ND AVENUE
City-St-Zip: VERO BEACH, FL 32962

Title: DS () Delete
Name: JUSTICE, ROBERT
Address: 1815 5TH PLACE
City-St-Zip: VERO BEACH, FL 32962

Title: D () Delete
Name: JUSTICE, MELISSA
Address: 1815 5TH PLACE
City-St-Zip: VERO BEACH, FL 32962

Title: D () Delete
Name: TERRIS, BILL
Address: 21851 RIVIERA COURT
City-St-Zip: MUNDELEIN, IL 60060

Title: CD () Delete
Name: BURZYNSKI, DONALD R
Address: 6765 51ST AVENUE
City-St-Zip: VERO BEACH, FL 32967

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
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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: DONALD BURZYNSKI

CD

04/30/2006

Electronic Signature of Signing Officer or Director

Date