

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38696

FILED  
Aug 30, 2006  
Secretary of State

Entity Name: CROSSOVER INTERNATIONAL, INC.

**Current Principal Place of Business:**

24011 STARLING CIRCLE  
LAND O LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

24011 STARLING CIRCLE  
LAND O LAKES, FL 34639

**New Mailing Address:**

FEI Number: 59-3019778      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

JOE D. MCCUTCHEN  
24011 STARLING CIRCLE  
LAND O LAKES, FL 34639      US

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: MCCUTCHEN, JOE D.,  
Address: 24011 STARLING CIRCLE  
City-St-Zip: LAND O LAKES, FL 34639

Title: VD      ( ) Delete  
Name: MAYO IV, JAMES  
Address: 3254 LEYLAND WAY  
City-St-Zip: CONYERS, GA 30013

Title: STD      ( ) Delete  
Name: MCCUTCHEN, JUDY,  
Address: 24011 STARLING CIRCLE  
City-St-Zip: LAND O LAKES, FL 34639

Title: D      ( ) Delete  
Name: JENKINS, JONATHON,  
Address: 175 AUTUMN LEAF RD  
City-St-Zip: TROUTMAN, NC 28166

**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 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: JOE D. MCCUTCHEN

PD

08/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date