

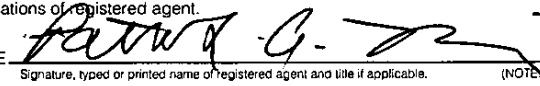



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90164 002 \*\*\*150.00

<b>DOCUMENT # P00000077687</b> 1. Entity Name <b>CROSSROAD HOLDINGS, INC.</b>					
Principal Place of Business <b>11125 7TH STREET EAST TREASURE ISLAND, FL 33706</b>				Mailing Address <b>11125 7TH STREET EAST TREASURE ISLAND, FL 33706</b>	
2. Principal Place of Business <b>14525 90TH AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>14525 90TH AVE</b> Suite, Apt. #, etc.			
City & State <b>SEMINOLE, FL</b>		City & State <b>SEMINOLE, FL</b>		4. FEI Number <b>59-3662825</b>	
Zip <b>33776</b>		Zip <b>33776</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country <b>USA</b>		Country <b>USA</b>		04042005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>JOHNSON, ERIC A 11125 7TH STREET EAST TREASURE ISLAND, FL 33706</b>				7. Name and Address of New Registered Agent Name <b>RESING, PATRICK A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>14525 90TH AVENUE</b> City <b>SEMINOLE</b> <b>FL</b> Zip Code <b>33776</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  <b>PATRICK A. RESING, TREASURER</b> DATE <b>4/4/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>DP</b>	NAME <b>JOHNSON, ERIC A</b>		TITLE <b>DP</b>	NAME <b>JOHNSON, ERIC A.</b>	
STREET ADDRESS <b>11125 7TH STREET EAST</b>	CITY-ST-ZIP <b>TREASURE ISLAND, FL 33706</b>		STREET ADDRESS <b>8680 BRAESWOOD POINT, Apt. 8</b>	CITY-ST-ZIP <b>COLORADO SPRINGS, CO 80920</b>	
TITLE <b>D</b>	NAME <b>WAYNE, RICHARD C</b>		TITLE <b>TREASURER</b>	NAME <b>PATRICK A. RESING</b>	
STREET ADDRESS <b>954 WOODGATE DR</b>	CITY-ST-ZIP <b>PALM HARBOR, FL 34685</b>		STREET ADDRESS <b>14525 90TH AVENUE</b>	CITY-ST-ZIP <b>SEMINOLE, FL 33776</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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:  <b>RICHARD C. WAYNE</b> DATE <b>4/7/05</b> DAYTIME PHONE # <b>727-539-5829</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		