

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000111591

Entity Name: CROSSLYN MAX, INC.

FILED
Jan 26, 2005
Secretary of State

Current Principal Place of Business:

9105 PENELOPE DRIVE
WEEKI WACHEE, FL 346134009

New Principal Place of Business:

9199 BONNIE COVE DR
WEEKI WACHEE, FL 346134009

Current Mailing Address:

9105 PENELOPE DRIVE
WEEKI WACHEE, FL 346134009

New Mailing Address:

9199 BONNIE COVE DR
WEEKI WACHEE, FL 346134009

FEI Number: 55-0804390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINERNEY, ROBERT J
9105 PENELOPE DRIVE
WEEKI WACHEE, FL 346134009 US

Name and Address of New Registered Agent:

MCINERNEY, ROBERT J
9199 BONNIE COVE DR
WEEKI WACHEE, FL 346134009 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:

01/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCINERNEY, ROBERT J
Address: 9105 PENELOPE DRIVE
City-St-Zip: WEEKI WACHEE, FL 346134009

Title: D () Delete
Name: MCINERNEY, THOMAS E
Address: 9105 PENELOPE DRIVE
City-St-Zip: WEEKI WACHEE, FL 346134009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCINERNEY, ROBERT J
Address: 9199 BONNIE COVE DR
City-St-Zip: WEEKI WACHEE, FL 346134009

Title: D (X) Change () Addition
Name: MCINERNEY, THOMAS E
Address: 9199 BONNIE COVE DR
City-St-Zip: WEEKI WACHEE, FL 346134009

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J MCINERNEY

D

01/26/2005

Electronic Signature of Signing Officer or Director

Date