2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128354

Entity Name: CROSSTOWN SURVEYORS, INC.

FILED Jan 17, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5030 78TH AVENUE NORTH
SUITE 8
PINELLAS PARK, FL 33781

12441 ADVENTURE DRIVE
RIVERVIEW, FL 33579

Current Mailing Address: New Mailing Address:

5030 78TH AVENUE NORTH
SUITE 8
PINELLAS PARK, FL 33781

12441 ADVENTURE DRIVE
RIVERVIEW, FL 33579

FEI Number: 11-3666694 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WILLIAMS, SCOTT

12441 ADVENTURE DRIVE
RIVERVIEW, FL 33569 US

WILLIAMS, SCOTT

12441 ADVENTURE DRIVE
RIVERVIEW, FL 33579 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: SCOTT WILLIAMS 01/17/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: STRACHAN, JOHN
Address: 13116 PRESTWICK DRIVE

Address: 13116 PRESTWICK DRIVI City-St-Zip: RIVERVIEW, FL 33569

 Title:
 VP,S
 () Delete

 Name:
 WILLIAMS, SCOTT

 Address:
 12441 ADVENTURE DRIVE

 City-St-Zip:
 RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition

Name: STRACHAN, JOHN
Address: 13116 PRESTWICK DRIVE
City-St-Zip: RIVERVIEW, FL 33579

Title: VP,S (X) Change () Addition

Name: WILLIAMS, SCOTT
Address: 12441 ADVENTURE DRIVE
City-St-Zip: RIVERVIEW, FL 33579

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

SIGNATURE: SCOTT WILLIAMS VP 01/17/2008