2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008271

1520 LAMBERT AVE.

FLAGLER BEACH, FL 32136 US

Address: City-St-Zip:

FILED Jan 09, 2009 Secretary of State

Entity Name: FLAGLER CROSSROADS, INC. **Current Principal Place of Business: New Principal Place of Business:** 880 AIRPORT ROAD, STE. 108 OAK POINTE BUSINÉSS PARK ORMOND BEACH, FL 32174 US **New Mailing Address: Current Mailing Address:** 880 AIRPORT ROAD, STE. 108 OAK POINTE BUSINESS PARK ORMOND BEACH, FL 32174 FEI Number: 41-2076394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHIUMENTO, MICHAEL DII NEWSLOW, JAMES A III 4 OLD KINGS ROAD NORTH, SUITE B 880 AIRPORT RD., STE 108 OAK POINTE BUSÎNESS PARK PALM COAST, FL 32137 ORMOND BEACH, FL 32174 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: JAMES A. NEWSLOW, III 01/09/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CHIUMENTO, MICHAEL D II Name: Name: 4 OLD KINGS ROAD NORTH, SUITE B Address: Address: City-St-Zip: PALM COAST, FL 32137 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: NEWSLOW, JAMES A III Name: 880 AIRPORT RD., STE. 108 Address: Address: ORMOND BEACH, FL 32174 US City-St-Zip: City-St-Zip: () Delete Title: Title: D () Change () Addition PAGE, BRUCE E Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: JAMES A. NEWSLOW, III 01/09/2009 D