2008 FOR PROFIT CORPORATION

CITY-ST-ZIP

SIGNATURE:

Apr 04, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # P03000152944** 1. Entity Name CEDAR CROSSING, INC. Principal Place of Business Mailing Address 11262 U.S. HIGHWAY 301 11262 U.S. HIGHWAY 301 OXFORD, FL 34484 OXFORD, FL 34484 02292008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 47-0935702 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAYO, JAMES D DO NOT WRITE 7901 SE 180TH ST OXFORD, FL 34484 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signeture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PΠ THILE CARUTHERS, REGINALD P NAME STREET ADDRESS 11262 US HIGHWAY 301 CITY-ST-ZIP OXFORD, FL 34484 TITLE STD MAYO, JAMES D NAME STREET ADDRESS **7901 SE 180TH STREET** CITY-ST-ZIP OXFORD, FL 34484 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of restee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

NING OFFICER OR DIRECTOR

FILED