2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 08, 2005
Secretary of State

DOCUMENT# P04000021514

Entity Name: CROSSRIDGE, INC.

Current Principal Place of Business:

215 CELEBRATION PLACE
SUITE 500
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

215 CELEBRATION PLACE
SUITE 500
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 51-0496659 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

REAP, DAVID E
13848 BLUEBIRD POND RD.
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

RAYMOND, DAVID D
215 CELEBRATION PLACE
SUITE 500
CELEBRATION, FL 34747 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: DAVID D RAYMOND 12/08/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: REAP, DAVID E
Address: 13848 BLUEBIRD POND RD.
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete
Name: RAYMOND, DAVID D
Address: 229 BRAELOCH DR.
City-St-Zip: OCOEE, FL 34761

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: RAYMOND, DAVID D
Address: 229 BRAELOCH DRIVE
City-St-Zip: OCOEE, FL 34761

Title: DT (X) Change ( ) Addition
Name: RAYMOND, KELLY S
Address: 229 BRAELOCH DRIVE
City-St-Zip: OCOEE, FL 34761

Title: D ( ) Change (X) Addition
Name: BAWCUM, RICK
Address: 215 CELEBRATION PLACE, STE 500
City-St-Zip: CELEBRATION, FL 34747

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: DAVID D RAYMOND PRES 12/08/2005
Electronic Signature of Signing Officer or Director Date