


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90288 022 \*\*\*150.00

<b>DOCUMENT # P04000094042</b>	
1. Entity Name <b>CROSSFIRE NETWORK, INC.</b>	

Principal Place of Business <b>C/O JAMES A. WALGREEN, JR. 4000 PONCE DE LEON BLVD. #470 CORAL GABLES, FL 33146</b>	Mailing Address <b>C/O JAMES A. WALGREEN, JR. 4000 PONCE DE LEON BLVD. #470 CORAL GABLES, FL 33146</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>11338 Clover Leaf Cir.</b>  Suite, Apt. #, etc.
City & State  <b>Boca Raton FL</b>	City & State  <b>Boca Raton FL</b>
Zip  <b>33428</b>	Country <b>USA</b>



01062005 Chg-P CR2E034 (10/03)

4. FEI Number <b>84-1651070</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>LIPSON, STUART A ESQ. 16900 N.E. 19TH AVENUE NORTH MIAMI BEACH, FL 33162</b>		7. Name and Address of New Registered Agent  Name <b>Robert Weinberg</b> Street Address (P.O. Box Number is Not Acceptable) <b>11338 Clover Leaf Circle</b> City <b>Boca Raton</b> FL Zip Code <b>33428</b>

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 Robert Weinberg, Dir. **Robert Weinberg, Dir.** **4-20-05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>WEINBERG, ROBERT W 6549 VIA BENITA BOCA RATON, FL 33433</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11338 Clover Leaf Circle Boca Raton FL 33428</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>WALGREEN, JAMES A JR. 4000 PONCE DE LEON BLVD. #470 CORAL GABLES, FL 33146</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>HAGGART, RICHARD 100E PENNSYLVANIA AVENUE TOWSON, MD 21286</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Weinberg, Dir. **Robert Weinberg, Dir.** **4-20-05** **561-482-1250**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #