


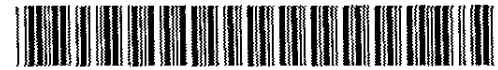
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P18968	
1. Entity Name CROSS COUNTRY HOME SERVICES, INC.	

Principal Place of Business 1625 NW 136TH AVE STE 200 FORT LAUDERDALE, FL 33323 US	Mailing Address P O BOX 551540 FT LAUDERDALE, FL 33355-154 US
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0033743	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 JUDGES, ROBERT 1625 NW 136TH AVE STE 200 FORT LAUDERDALE, FL 33323
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WOLK, HOWARD L 1625 NW 136TH AVE STE 200 FORT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINN, SANDRA C 1625 NW 136TH AVE STE 200 FT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLK, JEFFREY C 1625 NW 136TH AVE STE 200 FORT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLK, SIDNEY D 1625 NW 136TH AVE STE 200 FORT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COKE, L ASHLEY 1625 NW 136 AVE #200 FORT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JUDGES, ROBERT W 1625 NW 136TH AVE STE 200 FORT LAUDERDALE, FL 33323

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03/27/07-80083-001 150.00

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 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: 	3-9-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #