2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State
01-09-2006 90037 005 ***150.00

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1. Entity Name
ACROSS ATLANTIC INC.

Principal Place of Business	Mailing Address
1199 EAST FOWLER DRIVE DELTONA, FL 32725	P.O. BOX 5311 DELTONA, FL 32725 US

01042006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-3368986
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COETZEE, EBEN 1199 EAST FOWLER DRIVE DELTONA, FL 32725	Name: COETZEE, LINDA Street Address (P.O. Box Number is Not Acceptable): 1199 EAST FOWLER DRIVE City: DELTONA FL Zip Code: 32725

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: LINDA COETZEE Y 01/06/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COETZEE, EBEN 1199 EAST FOWLER DRV DELTONA, FL 32725	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS COETLEE, LINDA 1199 EAST FOWLER DR. DELTONA, FL 32725	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Y COETZEE, LINDA 1199 EAST FOWLER DR. DELTONA, FL 32725	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COETIEE, BELINDA 1199 FOWLER DR. DELTONA, FL 32725	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COETIEE, JACO 1199 EAST FOWLER DR. DELTONA, FL 32725	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DE JAGER, RUAN 19 LAURIEL OAKS APT 202 WINTER SPRINGS FL 32708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DEJAGER, RUAN 19 LAURIEL OAKS APT 202 WINTER SPRINGS FL 32708	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, MATHEW RICHARD DELTONA FL 32725	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, MATHEW RICHARD 1548 BALTIMORE AVE DELTONA FL 32725	☐ Change ☒ Addition

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: LINDA COETZEE 01/06/06 386-860 5319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #