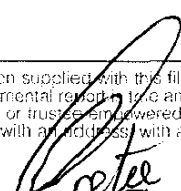


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90033 048 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                            |                                                                                                                         |                                                                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # P96000027555                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                            |                                                                                                                         |                                                                                 |  |
| 1. Entity Name<br><b>ACROSS ATLANTIC INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                            |                                                                                                                         |                                                                                                                                                                  |  |
| Principal Place of Business<br><b>1199 EAST FOWLER DRIVE<br/>DELTONA FL 32725</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                            | Mailing Address<br><b>P.O. BOX 5311<br/>DELTONA FL 32725<br/>US</b><br><i>1199 E Fowler Dr<br/>Deltona<br/>FL 32725</i> |                                                                                                                                                                  |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       | 3. Mailing Address                         |                                                                                                                         |                                                                                                                                                                  |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | Suite, Apt. #, etc.                        |                                                                                                                         |                                                                                                                                                                  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | City & State                               |                                                                                                                         | 4. FEI Number <b>59-3368986</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                                               |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country                                                               | Zip                                        | Country                                                                                                                 | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                                                  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>COETZEE, EBEN<br/>1199 EAST FOWLER DRIVE<br/>DELTONA FL 32725</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                            |                                                                                                                         | 7. Name and Address of New Registered Agent<br><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and filer. The filer is: (NOTE: Registered Agent signature required when submitting a)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                            |                                                                                                                         |                                                                                                                                                                  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                            |                                                                                                                         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                              |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                   |                                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | V<br>COETLEE, LINDA<br>1199 EAST FOWLER DR.<br>DELTONA FL 32725       | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | P<br>COETZEE, EBEN<br>1199 E FOWLER DR<br>DELTONA FL 32725            | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D<br>COETZEE, JACO<br>11999 E FOWLER DR<br>DELTONA FL 32725           | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D<br>RELINDA COETZEE, LANTREL<br>1199 E FOWLER ST<br>DELTONA FL 32725 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Section 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                            | 01/23/08 388 860 539                                                                                                    |                                                                                                                                                                  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                            |                                                                                                                         |                                                                                                                                                                  |  |