


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # P96000095425  
 1. Entity Name  
 CROSS COUNTRY HOME HOLDINGS, INC.



Principal Place of Business  
 1625 NW 136TH ST  
 STE 200  
 FORT LAUDERDALE, FL 33323

Mailing Address  
 P.O. BOX 551540  
 FT LAUDERDALE, FL 33355-1540



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 04-3337541 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$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.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	WOLK, HOWARD L
STREET ADDRESS	1625 NW 136TH AVE STE 200
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323
TITLE	P
NAME	FINN, SANDRA C
STREET ADDRESS	1625 NW 136TH AVE STE 200
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323
TITLE	S
NAME	JUDGES, ROBERT
STREET ADDRESS	1625 NW 136TH AVE STE 200
CITY-ST-ZIP	FT LAUDERDALE, FL 33323
TITLE	T
NAME	GRAHAM, THOMAS
STREET ADDRESS	1625 NW 136TH AVE STE 200
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323
TITLE	D
NAME	WOLK, JEFFREY C
STREET ADDRESS	1625 NW 136TH AVE STE 200
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323
TITLE	DV
NAME	WOLK, SIDNEY D
STREET ADDRESS	1625 NW 136TH AVE STE 200
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323

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 03/27/07-80082-025 150.00

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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:  3/19/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #