


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P96000095425 1. Entity Name CROSS COUNTRY HOME HOLDINGS, INC. |  |
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| 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 |
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03202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 04-3337541 | 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, 2008 Fee will be \$550.00

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

U0000073440
 04/10/08-80078-021 150.00

10. OFFICERS AND DIRECTORS

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

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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: Robert Judges 3/25/08 954-845-2325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #