


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P97000057363 |  |
| 1. Entity Name THE CROSS STRATEGY GROUP, INC. | |

| | |
|---|---|
| Principal Place of Business 12291 NW 20 CT PLANTATION, FL 33323 | Mailing Address 12291 NW 20 CT PLANTATION, FL 33323 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|--|---------------------------------------|
|  | |
| 03172008 | No Chg-P |
| CR2E034 (11/05) | |
| 4. FEI Number 65-0764534 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SCHAFFER, BRIAN
 12291 NW 20TH COURT
 PLANTATION, FL 33323

DO NOT WRITE IN THIS SPACE

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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SCHAFFER, B 12291 NW 20TH CT PLANTATION, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ROSS, F 186 BLUE MOON AVE LAKE PLACID, FL 33852 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST DOWNES, SCOTT 23181 FOUNTAIN VIEW DRIVE APT E BOCA RATON, FL 33433 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000895358
 04/24/08-80065-013 150.00

DO NOT WRITE IN THIS SPACE

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: Brian K. Schaffer, President 4/10/08 954-474-4844

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