*2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000079440

1. Entity Name CROSSSTREET, INC.



FILED Mar 29, 2007 08:00 A Secretary of State

Principal Place of Business

900 BIG TREE RD. S. DAYTONA, FL 32119 Mailing Address

900 BIG TREE RD. S. DAYTONA, FL 32119



DO NOT WRITE IN THIS SPACE

03192007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3467876 Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, EDWIN D II 900 BIG TREE RD. S. DAYTONA, FL 32119

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	
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, 2007 Fee will be \$550.00 Trust Fund Contribution.	cing \$5.00 May Be
10. : OFFICERS AND DIRECTORS	
TITLE P NAME DAVIS, EDWIN D. II STREET ADDRESS 900 BIG TREE ROAD CITY-ST-ZIP SOUTH DAYTONA, FL 32119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000682652 04/05/07-80011-017 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exe	The state of the Charles All Flands Claudes I further english that the information

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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECT

EDWIN D. DAVIS, II. 3-26-07 386-7