2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #318573

1. Entity Name



FILED Feb 29, 2008 8:00 am Secretary of State

SOUTHEAST BANKING CORPORATION						02-23-2008 3	001 / 034	***150.00)
Principal Place of Business 595 S. FEDERAL HIGHWAY, SUITE 600 BOCA RATON, FL 33432 US Mailing Address 595 S. FEDERAL HIGHWAY BOCA RATON, FL 33432 US BOCA RATON, FL 3343				600	4 	IRAL IAIRI ANUI IRARA IA	11. 810 11 813 11 81814	9/83/ 8/8// 8/8/ /	11 1 (1 1 1 1 1
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02062008	Chg-P	CR2E03	4 (12/06)	
City & State		City & State			4. FEI Number Applied For 59-1172753 Not Applie			plied For I Applicable	
Zip	Country	Zip	Country					8.75 Add ee Required	
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and A	ddress of New F	Registered A	gent	
BECK, JEFFREY H TRUSTEE 225 NORTHEAST-MIZNER BOULEVARD SUITE 300				Name Street Address (P.O. Box Number is Not Acceptable)					
BOCA RATON, FL 33432			6	SUITE 1	<u>e</u>		FL	Zip Code	
8. The above named entity submits this statement for the purpose of changing its regis				<u> 10000</u>	ed agent, or both	, in the State of Fl			<u> </u>
_	ions of registered agent.								
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registered Age	ent signature required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Conf	•		.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.			HANGES TO OFF			S IN 11
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STREET ADDRESS	!							-II change	XOURION
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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 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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR