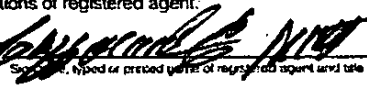
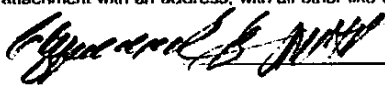


FILED
Mar 13, 2008 8:00 am
Secretary of State

02-29-2008 90026 020 ***150.00

DOCUMENT # H16575					
1. Entity Name SOUTHERN DELIGHT ENTERPRISES, INC.					
Principal Place of Business 19 MIRACLE STRIP PARKWAY SW FORT WALTON BEACH FL 32548 US			Mailing Address CLIFFORD E. SMITH P.O. BOX 3094 DAPHNE AL 36526-3094 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2435875				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, CLIFFORD E. 257 BRIARWOOD CIRCLE FT. WALTON BEACH FL 32548			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  DATE 2/21/08 (NOTE: Registered Agent's signature required when withdrawing.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, CLIFFORD E. 26708 CAHABA DR DAPHNE AL 36526 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SMITH, HELEN R. 27608 CAHABA DR DAPHNE AL 36526 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			2/21/08		

ATTACHMENT

66003730
#H16575



Check # 1070 for £50.00
mailed 2/21/08

Enclosed is corrected copy
with Florida Address
(street)

Also Double Check
my correct Name is
Clifford E. Smith

For reservations call:
London (0181) 847 2277 Outside 0345 581 444
These calls are charged at local rates

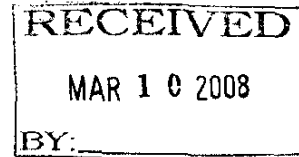


ATTACHMENT

66003730

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2008



SOUTHERN DELIGHT ENTERPRISES, INC.

~~CLYJOND E. SMITH~~ *Clyjond E. Smith*
P.O. BOX 3094
DAPHNE, AL 36526-3094 US

Subject: SOUTHERN DELIGHT ENTERPRISES, INC.

Reference Number: H16575

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/mh

ANNUAL REPORTS SECTION