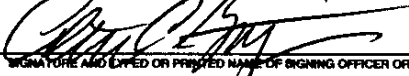


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # K01628						
1. Entity Name SOUTHERN ACCENT COMPUTER SERVICES, INC.						
Principal Place of Business 1339 EAST TENNESSEE ST. TALLAHASSEE, FL 32308-2170	Mailing Address 1628 WOODGATE WAY TALLAHASSEE, FL 32308	 02082007 No Chg-P CR2E034 (11/05) <table border="1"><tr><td>4. FEI Number 59-2859088</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-2859088	Applied For Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
4. FEI Number 59-2859088	Applied For Not Applicable					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent BUTZIN, PETER A. 1628 WOODGATE WAY TALLAHASSEE, FL 32308		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 _____ 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		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000632544 02/21/07-80027-004 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTZIN, PETER A. 1628 WOODGATE WAY TALLAHASSEE, FL 32308					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BUTZIN, SARAH M. 1628 WOODGATE WAY TALLAHASSEE, FL 32308					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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: 		Date 2/8/07 Daytime Phone # 850-385-0795				