


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90447 014 \*\*\*150.00

<b>DOCUMENT # 240595</b> 1. Entity Name <b>FOUNTAIN HOUSE SOUTH INC</b>					
Principal Place of Business <b>1877 S OCEAN BLVD DELRAY BEACH, FL 33483-6544</b>			Mailing Address <b>551 SE 8TH ST SUITE 500 DELRAY BEACH, FL 33483-5008 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0969132</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CLARK, HERMAN E. 551 SE 8TH STREET SUITE 500 DELRAY BEACH, FL 33483</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code         </span>	
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 renating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CULLEN, CAROL 1877 S OCEAN BLVD, APT D DELRAY BEACH, FL 33483		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CULLEN, CAROL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAHONEY, BRIAN 1877 S. OCEAN BLVD. DELRAY BEACH, FL 33483		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAHONY, BRIAN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DMITROVSKY, SETH 1877 SOUTH OCEAN BLVD DELRAY BEACH, FL 33483		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DMITROVSKY, SETH	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RALEY, LOUIS 1877 SOUTH OCEAN BOULEVARD DELRAY BEACH, FL 33483		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISWELL, JIM 1877 S. Ocean Blvd Delray Beach, Florida	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	
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 an other like empowered.					
<b>SIGNATURE:</b> _____ <span style="float: right;">4/25/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					