2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT # 552264** 01-30-2006 90060 033 ***150.00 SOUTHEAST GENETICS, INC. Principal Place of Business Mailing Address -----135 HUNTLEY OAKS BLVD 135 HUNTLEY OAKS BLVD LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-1789438 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent J. MICHAEL SWAINE Street Address (P.O. Box Number is Not Acceptable) 245 S. COMMERCE AVE. SEBRING, FL 33870 City 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 Stgrishum, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 103 Lime Rd NW 12 Change Addition TITLE Delete TITLE NAME MATHEIS, NAME LAKE Placed FL 33852 STREET ADDRESS 135 HUNTLEY OAKS BLVD STREET ADDRESS CITY-ST-ZIP LAKE PLACID, FL 33852 CITY-ST-ZIP 103 Amera NW Grange Addition LAKE Placial FL 33852 ST Delete TIRE MATHEIS, PAMELA NAME NAME STREET ADDRESS 135 HUNTLEY OAKS BLVD STREET ADDRESS CITY-ST-7IP LAKE PLACID, FL 33852 CITY_ST. 7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C11Y-S1-Z1P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-7IP TIBE Defete TRE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of trustee empowered to exempt the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an additional statutes.

FILED

Jan 30, 2006 8:00 am