


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90042 038 ***150.00

| | | |
|---------------------------------------|--|---|
| DOCUMENT # F04000004516 | |  |
| 1. Entity Name PPF SOUTHEAST, INC. | | |

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|--|--|
| Principal Place of Business 100 SOUTH 4TH STREET, STE. 800 ST. LOUIS, MO 63102 | Mailing Address 100 SOUTH 4TH STREET, STE. 800 ST. LOUIS, MO 63102 |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

03202007 Chg-P CR2E034 (12/06)

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|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number 43-1574763 | Applied For Not Applicable |
|--------------|--------------|-----------------------------|-------------------------------|

| | | | | |
|-----|---------|-----|---------|---|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|-----|---------|-----|---------|---|

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|----------------------------|--|--|---|---------------------------|--|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CHILDRESS, FIELDING | | | NAME | | | |
| STREET ADDRESS | 16 HOMEWOOD DRIVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | ST. LOUIS, MO 63122 | | | CITY-ST-ZIP | | | |
| TITLE | VP | <input type="checkbox"/> Delete | | TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CARLETON, WILLIAM P JR | | | NAME | Carleton, William P Jr | | |
| STREET ADDRESS | 4444 LINDELL BOULEVARD, #2 | | | STREET ADDRESS | 4444 Lindell Boulevard #2 | | |
| CITY-ST-ZIP | ST. LOUIS, MO 63108 | | | CITY-ST-ZIP | St. Louis, MO 63108 | | |
| TITLE | ST | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BURNETT, JERRY | | | NAME | | | |
| STREET ADDRESS | 15 FORRESTER | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MANCHESTER, MO 63011 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | IMBS, R. CHRISTOPHER | | | NAME | | | |
| STREET ADDRESS | 19 FORDYCE LANE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | ST. LOUIS, MO 63124 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | REEDY, MICHAEL T | | | NAME | | | |
| STREET ADDRESS | 504 SHERWOOD DRIVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | ST. LOUIS, MO 63119 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BENOIST, ELLIOT W | | | NAME | | | |
| STREET ADDRESS | 41 PICARDY LANE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | ST. LOUIS, MO 63124 | | | 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:  Jerry L. Burnett 3.20.07 314.241.8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #