## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000005220

Entity Name: SOUTHPOINT FINANCIAL SERVICES, INC.

FILED Mar 26, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
5910 SHIL	OH ROAD EA	ST		
SUITE 112		25		
ALPHARE	ETTA, GA 3000	J5		
Current Mailing Address:			New Mailing Address:	
	OH ROAD EA	ST		
SUITE 112		75		
ALPHARE	ETTA, GA 3000	55		
FEI Number	r: 58-2363251	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of (	Current Registered Agent:	Name and Address of	of New Registered Agent:
NRAI SEF	RVICES, INC.			
	CUTIVE PARK			
MESION	, FL 33331	US		
The section				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title:		) Delete	Title:	( ) Change ( ) Addition
Name:	OVERBY, LAR		Name:	( ) Change ( ) Addition
Address:	·	RD E SUITE 112	Address:	
City-St-Zip:	ALPHARETTA,		City-St-Zip:	
Title:	VCVP (	) Delete	Title:	( ) Change ( ) Addition
Name:	MURPHY, JOH		Name:	( ) Change ( ) / idulitori
Address:		RD E SUITE 112	Address:	
City-St-Zip:	ALPHARETTA,		City-St-Zip:	
Title:	VST (	) Doloto	Title:	( ) Change ( ) Addition
	,	) Delete		( ) Change ( ) Addition
Name:	MURPHY, JOH		Name: Address:	
Address: City-St-Zip:	ALPHARETTA,	RD E SUITE 112 GA 30005	City-St-Zip:	
T:41	D (	) Delete	Title	( ) Change ( ) Addition
Title:	,	) Delete	Title:	( ) Change ( ) Addition
Name:	PERRY, JOHN		Name:	
Address:		RD E SUITE 112	Address: Citv-St-Zip:	
City-St-Zip:	ALPHARETTA.			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN O PERRY D 03/26/2008