2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G02618

Entity Name: SOUTHERN FINANCIAL SYSTEMS CORPORATION

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O BOX 915085 3605 DEVON STREET LONGWOOD, FL 32791 TAMPA, FL 33605 US

Current Mailing Address: New Mailing Address:

P.O BOX 915085 P.O BOX 1829

LONGWOOD, FL 32791 OXFORD, MS 38655 US

FEI Number: 59-2225717 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WRIGHT, J. GARY
516 ONE CENTER BLVD
4107
ALTAMONTE SPRINGS, FL 32701 US
LOWERY, ROBERT L MANAGER
3605 DEVON STREET
TAMPA, FL 38655 US

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.

SIGNATURE: ROBERT LOWERY 01/15/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: PRES (X) Change () Addition

Name: WRIGHT, J. GARY, Name: WRIGHT, J. GARY,

Address: 516 ONE CENTER BLVD., #107 Address: 120 PRIVATE ROAD, CR 3049

City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: OXFORD, MS 38655

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: J GARY WRIGHT PRES 01/15/2009