2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G32029

Entity Name: SOUTHEAST REPTILE EXCHANGE, INC.

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4413 W. ALVA STREET TAMPA, FL 33614

Current Mailing Address: New Mailing Address:

4413 W. ALVA STREET TAMPA, FL 33614

FEI Number: 59-2384492 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

FAUCI, JOSEPH J.

4805 N. WESTSHORE BLVD.

TAMPA, FL 33607 US

FAUCI, JOSEPH J PRES
4413 W ALVA STREET
TAMPA, FL 33614 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: JOSEPH J. FAUCI PD 04/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 FAUCI, JOSEPH J.
 Name:
 FAUCI, JOSEPH J.

 Address:
 4201 RIVERVIEW AVENUE
 Address:
 4201 RIVERVIEW AVENUE

 City-St-Zip:
 TAMPA, FL
 33607 US

Title: STD Title: STD (X) Change () Addition () Delete FAUCI, THERESA H. Name: Name: FAUCI, THERESA H. 4201 RIVERVIEW AVENUE 4201 RIVERVIEW AVENUE Address: Address: TAMPA, FL 33607 US City-St-Zip: TAMPA, FL City-St-Zip:

Title: O () Delete Title: O (X) Change () Addition

 Name:
 FAUCI, JOSÈPH A
 Name:
 FAUCI, JOSÈPH A

 Address:
 4201 N. RIVERVIEW AVE.
 Address:
 4201 N. RIVERVIEW AVE.

 City-St-Zip:
 TAMPA, FL 33607
 City-St-Zip:
 TAMPA, FL 33607 US

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: JOSEPH J. FAUCI PD 04/23/2009