

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 30, 2010  
Secretary of State**

DOCUMENT# H97023

Entity Name: MACHRISTE, INC.

**Current Principal Place of Business:**

100 EAST 19TH STREET  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

100 EAST 19TH STREET  
PANAMA CITY, FL 32405

**New Mailing Address:**

FEI Number: 59-2637876      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SOUTHERLAND, II, STEVE  
100 EAST 19 STREET  
PANAMA CITY, FL 32405      US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title:            DIR.  
Name:            SOUTHERLAND, WILLIAM S SR.  
Address:        100 EAST 19TH STREET  
City-St-Zip:    PANAMA CITY, FL 32405

Title:            P  
Name:            SOUTHERLAND, STEVE II  
Address:        100 E 19 ST  
City-St-Zip:    PANAMA CITY, FL 32405

Title:            V  
Name:            SOUTHERLAND WAY, SABRINA S  
Address:        100 EAST 19TH STREET  
City-St-Zip:    PANAMA CITY, FL 32405

Title:            S/T  
Name:            SOUTHERLAND, MARY SUE  
Address:        100 E.19T STREET  
City-St-Zip:    PANAMA CITY, FL 32405

I hereby 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 all other like empowered.

SIGNATURE: MARY SUE SOUTHERLAND

S/T

07/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date