2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED May 01, 2007 08:00 A Secretary of State DOCUMENT # J65729 1. Entity Name SOUTHERN STORAGE, INC. Principal Place of Business Mailing Address 1481 KINETIC ROAD PO BOX 12185 LAKE PARK FL 33403 LAKE PARK FL 33403 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 65-0005942 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EAKINS, SANDI F Street Address (P.O. Box Number is Not Acceptable) 1481 KINETIC ROAD LAKE PARK FL 33403 City 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, VDST TITLE Change' Addition Delete 11111 FRICK, CINDI M NAME NAME 1481 KINETIC ROAD STREET ADDRESS STREET ADDRESS LAKE PARK FL 33403 CITY-ST-ZIP CITY-ST-ZIP <u> U00000752031</u> DP 05/18/07-80124⊟D≥60 1581.46500 DITLE Delete 11111 FAKINS, SANDI F NAME NAME 1481 KINETIC ROAD STREET ADDRESS STREET ADDRESS LAKE PARK FL 33403 CITY-ST-7IP CITY-ST-ZIP me D ☐ Delete TITLE ☐ Change Addition NAM FRICK, SHIRLEY M NAME STREET ADDRESS 1481 KINETIC ROAD STREET ADORESS LAKE PARK FL 33403 CITY-S1-7IP CHY-SI-ZIP TITLE ☐ Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete HILF Change Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP ☐ Change ■ Addition HIII Delele HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 12. I horeby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this roport or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that i am an efficer 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.