

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001465

FILED
Jan 22, 2008
Secretary of State

Entity Name: SOUTH DIXIE GROUP, INC.

Current Principal Place of Business:

16950 SW 94 COURT
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 560475
MIAMI, FL 332560475 US

New Mailing Address:

FEI Number: 20-3776695 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILTSIE, VICTORIA C
12605 SW 71 AVENUE
MIAMI, FL 33156 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: P () Delete
Name: DARNELL, D WAYNE
Address: 16950 SW 94 COURT
City-St-Zip: MIAMI, FL 33157 US

Title: T () Delete
Name: WINTERICK, JAMES
Address: 16950 SW 94 COURT
City-St-Zip: MIAMI, FL 33157 US

Title: D () Delete
Name: EUSTACE, JOHN
Address: 16950 SW 94 COURT
City-St-Zip: MIAMI, FL 33157 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WINTERICK, JAMES
Address: 16950 SW 94 COURT
City-St-Zip: MIAMI, FL 33157 US

Title: T (X) Change () Addition
Name: GILLESPIE, GERARD J
Address: 16950 SW 94 COURT
City-St-Zip: MIAMI, FL 33157 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: DARNELL, D WAYNE
Address: 16950 SW 94 COURT
City-St-Zip: MIAMI, FL 33157 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D WAYNE DARNELL

D

01/22/2008

Electronic Signature of Signing Officer or Director

_____ Date