

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000090313

Entity Name: SOUTHERN SHOWCASE, INC.

FILED
Jan 10, 2006
Secretary of State

Current Principal Place of Business:

24520 PRODUCTION CIRCLE
SUITE 7
BONITA SPRINGS, FL 34135

Current Mailing Address:

24520 PRODUCTION CIRCLE
SUITE 7
BONITA SPRINGS, FL 34135

New Principal Place of Business:

18070 SO TAMIAMI TRAIL
SUITE 12
FT MYERS, FL 33908

New Mailing Address:

18070 SO TAMIAMI TRAIL
SUITE 12
FT MYERS, FL 33908

FEI Number: 59-3673592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINGON, ANN
24520 PRODUCTION CIRCLE
SUITE 7
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

KINGON, ANN
18070 SO TAMIAMI TRAIL
SUITE 12
FT MYERS, FL 33908 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: ANN KINGON

01/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KINGON, ANN
Address: 24520 PRODUCTION CIR STE 7
City-St-Zip: BONITA SPRINGS, FL 34135

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KINGON, ANN
Address: 18070 SO TAMIAMI TRAIL #12
City-St-Zip: FT MYERS, FL 33908

Title: S () Change (X) Addition
Name: PARTRIDGE, BETTY
Address: 18070 SO TAMIAMI TRAIL #12
City-St-Zip: FT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the 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: ANN KINGON

P

01/10/2006

Electronic Signature of Signing Officer or Director

Date