
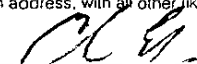


FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90199 028 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | | | |
|--|-----------------------------|--|---|---|-----------------------------------|
| DOCUMENT # P00000115323 | | | |  | |
| 1. Entity Name SUN SOUTH CENTER, INC. | | | | | |
| Principal Place of Business 2111 THOMAS DR. #105 PANAMA CITY BEACH, FL 32408 | | Mailing Address 2111 THOMAS DR. #105 PANAMA CITY BEACH, FL 32408 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3686962 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| ALLAN, SHER L ESQ 731 OAK AVENUE PANAMA CITY BEACH, FL 32401 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ELGEE, CHRISTOPHER | | NAME | 2111 THOMAS DR, #105 | |
| STREET ADDRESS | 8203 THOMAS DR. | | STREET ADDRESS | | |
| CITY - ST - ZIP | PANAMA CITY BEACH, FL 32408 | | CITY - ST - ZIP | | |
| TITLE | ST | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ELGEE, MARY | | NAME | 2111 THOMAS DR #105 | |
| STREET ADDRESS | 8203 THOMAS DR. | | STREET ADDRESS | | |
| CITY - ST - ZIP | PANAMA CITY BEACH, FL 32408 | | CITY - ST - ZIP | | |
| TITLE | V | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ELGEE, FARRIS | | NAME | | |
| STREET ADDRESS | 8203 THOMAS DR. | | STREET ADDRESS | | |
| CITY - ST - ZIP | PANAMA CITY BEACH, FL 32408 | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | 4-23-07 870-230-784 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |