2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000059050

City-St-Zip:

DESTIN, FL 32541

Entity Name: SOUTHERN PARADISE HOMES, INC.

FILED Apr 29, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
|---|---|-------------------------------|---|--|--|
| | PARKWAY SE LTON BEACH, | FL 32548 | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| | PARKWAY SE LTON BEACH, | FL 32548 | | | |
| FEI Number: | : 59-3725211 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| | TA J ER DRIVE ON BEACH, FL | 32548 US | | | |
| | named entity s e of Florida. | ubmits this statement for the | purpose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electroni | c Signature of Registered Ag | ent | Date | |
| Election Car | mpaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P () WHITEHEAD, JE 115 CALHOUN A DESTIN, FL 325 | VENUE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () WHITEHEAD, RO 115 CALHOUN A DESTIN, FL 325 | VENUE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | ST () WHITEHEAD, PA 115 CALHOUN A | | Title: Name: Address: | () Change () Addition | |

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: PAMELA WHITEHEAD ST 04/29/2009