

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000114623

**FILED**  
**Oct 24, 2007**  
**Secretary of State****Entity Name:** SOUTHERN STYLE SYSTEMS, INC.**Current Principal Place of Business:**369 ANCHOR RD  
SIOTE 1201  
CASSELBERRY, FL 32707**New Principal Place of Business:**19720 SHELDON ST.  
ORLANDO, FL 32833 US**Current Mailing Address:**369 ANCHOR RD  
SIOTE 1201  
CASSELBERRY, FL 32707**New Mailing Address:**19720 SHELDON ST.  
ORLANDO, FL 32833 US**FEI Number:** 41-2026401**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HOUSE, CURTIS A  
369 ANCHOR RD  
SUITE 1201  
CASSELBERRY, FL 32707 US**Name and Address of New Registered Agent:**WEST, DARREN L  
19720 SHELDON ST.  
ORLANDO, FL 32833 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:** DARREN L. WEST

10/24/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PS ( ) Delete  
**Name:** HOUSE, CURTIS A  
**Address:** 369 ANCHOR RD SUITE 1201  
**City-St-Zip:** CASSELBERRY, FL 32707**Title:** VT (X) Delete  
**Name:** WORKMAN, HEATHER  
**Address:** 369 ANCHOR RD SUITE 1201  
**City-St-Zip:** CASSELBERRY, FL 32707**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PS (X) Change ( ) Addition  
**Name:** WEST, DARREN L  
**Address:** 19720 SHELDON ST.  
**City-St-Zip:** ORLANDO, FL 32833 US**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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.

**SIGNATURE:** DARREN L. WEST

PS

10/24/2007

Electronic Signature of Signing Officer or Director

Date