2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000009113

Title:

Name:

Address:

City-St-Zip:

Entity Name: SOUTHERN SERVICE COMPANIES OF MANASOTA, INC.

FILED Feb 22, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8466 N. LOCKWOOD RIDGE ROAD SUITE 327 SARASOTA, FL 34243 **New Mailing Address: Current Mailing Address:** 8466 N LOCKWOOOD RIDGE RD SUITE 327 SARASOTA, FL 34243 FEI Number: 94-3414962 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DORANTH, KLAUS 8466 N LOCKWOOOD RIDGE RD. SUITE 327 SARASOTA, FL 34243 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: PRFS (X) Change () Addition DORANTH, KLAUS Name: Name: DORANTH, KLAUS 8466 N. LOCKWOOD RIDGE ROAD, SUITE 327 8466 N. LOCKWOOD RIDGE ROAD, SUITE 327 Address: Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34243 Title: Title: VΡ (X) Change () Addition MR. () Delete DORANTH, FRANCIS Name: DORANTH, FRANCIS Name: 8466 N LOCKWOOOD RIDGE RD, SUITE 327 8466 N LOCKWOOOD RIDGE RD, SUITE 327 Address: Address: SARASOTA, FL 34243 City-St-Zip: City-St-Zip: SARASOTA, FL 34243 Title: () Delete Title: () Change (X) Addition DORANTH, SILVIA H Name: Name: 8466 N LOCKWOOD RIDGE RD, SUITE 327 Address Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34243

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.

Title:

Name:

Address:

City-St-Zip:

VΡ

FINK, KATRIN

SARASOTA, FL 34243

() Change (X) Addition

8466 N LOCKWOOD RIDGE RD, SUITE 327

SIGNATURE: KLAUS DORANTH PRES 02/22/2007

() Delete