2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090721

Entity Name: SOUTHERN PINE & FOREST, INC.

FILED May 12, 2008 Secretary of State

10183 SW 104 TH AVE GRAHAM, FL 32042

Current Mailing Address: New Mailing Address:

P.O. BOX 173 9757 SW 118TH LANE GRAHAM, FL 32042 BROOKER, FL 32622

FEI Number: 52-2375519 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:

CRAWFORD, JOSHUA S 10183 SW 104 TH AVE GRAHAM, FL 32042 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition CRAWFORD, JOSHUA S MR CRAWFORD, JOSHUA S MR Name: Name: P.O BOX 173 10183 SW 104TH AVE 9757 SW 118TH LANE Address: Address: City-St-Zip: GRAHAM, FL 32042 US City-St-Zip: BROOKER, FL 32622 US

Title: VP () Delete Title: VP (X) Change () Addition Name: CRAWFORD, KAREN H MRS Name: CRAWFORD, KAREN H MRS Address: 9.0. BOX 173 10183 SW 104TH AVE Address: 9757 SW 118TH LANE

City-St-Zip: GRAHAM, FL 32042 US City-St-Zip: BROOKER, FL 32622 US

Title: VP () Delete Title: VP (X) Change () Addition Name: CRAWFORD, HUNTER S Name: CRAWFORD, HUNTER S

Address: P.O. BOX 173 10183 SW 104TH AVE Address: 9757 SW 118TH LANE
City-St-Zip: GRAHAM, FL 32042 US City-St-Zip: BROOKER, FL 32622 US

Title: VP () Delete Title: VP (X) Change () Addition

Name:CRAWFORD, CHASE AName:CRAWFORD, CHASE AAddress:P.O. BOX 173 10183 SW 104TH AVEAddress:9757 SW 118TH LANECity-St-Zip:GRAHAM, FL 32042 USCity-St-Zip:BROOKER, FL 32622 US

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: JOSHUA S CARWFORD PRES 05/12/2008