2008 FOR PROFIT CORPORATION

Jan 11, 2008 8:00 am Secretary of State ANNUAL REPORT 01-11-2008 90076 027 ***158.75 DOCUMENT # P03000058819 SOUTHEASTERN FINANCIAL CONSULTANTS. INCORPORATED 40002398 Principal Place of Business Mailing Address 711 SINCLAIR STREET 1368 ORANGE HILL ROAD CHIPLEY, FL 32428 CHIPLEY, FL 32428 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 711 Sinclair Street 711 Sinclair Stree Suite, Apt. #, etc. Suite. Apt. #. etc. 01082008 CR2E034 (12/06) Chg-P ity & State City & State Applied For 4. FEI Number hidley 55-0833003 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired М Nashinaton Fee Required 6. Name and Address of Jurrent Registered Agent 7. Name and Address of New Registered Agent Melean MITCHELL, JENNIFER N Street Address (P.O. Box Number is Not Acceptable) 711 SINCLAIR STREET CHIPLEY, FL 32428 Sinclair Street 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition MITCHELL, JENNIFER N PRESIDE Melean A. Davis NAME BOTCOUR AVE 1368 ORANGE HILL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHIPLEY, FL 32428 CITY-ST-ZIP nibleu.Fl 324DR TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7LF ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-7IP

SIGNING OFFICER OR DIRECTOR

FILED