2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000048795

Name:

Address: City-St-Zip: THOMAS, LORETTA

2642 ST CHARLES STREET

FORT MYERS, FL 33916

Entity Name: TEDDY SOUTHERN, INC.

FILED Feb 25, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6051 ESTRO BLVD FORT MYERS BEACH, FL 33931 **Current Mailing Address: New Mailing Address:** 6051 ESTRO BLVD FORT MYERS BEACH, FL 33931 FEI Number: 20-0896441 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: PITTMAN, LARRY 6051 ESTRO BLVD FORT MYERS BEACH, FL 33931 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: (X) Delete Title: () Change () Addition PITTMAN, LARRY Name: Name: 6051 ESTRO BLVD Address: Address: City-St-Zip: FORT MYERS BEACH, FL 33931 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: SOUTHERN, TEDDY Name: P.O. BOX 1303 Address: Address: ESTERO, FL 33928 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition SIMPSON, WILLIAM Name: Name: 428 DESOTA #2 Address: Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: Title: () Delete Title: () Change () Addition CALHOUN JR, LEE Name: Name: Address: 2642 ST CHARLES STREET Address: City-St-Zip: FORT MYERS, FL 33916 City-St-Zip: Title: Title: () Delete () 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.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: LORETTA THOMAS 02/25/2008