2006 FOR PROFIT CORPORATION

FILED Jan 30, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P04000090263 SOUTHERN COMFORT, INC. Principal Place of Business Mailing Address 1546 PULITZER ROAD 1546 PULITZER ROAD FT. PIERCE, FL 34945 FT. PIERCE, FL 34945 No Chg-P 01272006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1283992 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHRISTIAN, JOSEPH DO NOT WRITE 1546 PULITZER ROAD FT. PIERCE, FL 34945 IN THIS SPACE 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 crinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME CHRISTIAN, JOSEPH STREET ADDRESS 1546 PULITZER ROAD CITY-ST-ZIP FT. PIERCE, FL 34945 TITLE U00000406738 02/07/06-88099-025 150.00 HERMIDA, CESAR AUGUSTO NAME STREET ADDRESS 4705 SE WINTER HAVEN COURT CITY-ST-ZIP STUART, FL 34997 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 slopature 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 employered to execute this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR