2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0500061388 05-30-2008 90221 026 ***150.00 1. Entity Name Southern Heritage Inst. Iac. Principal Place of Business 40106851 Mailing Address 5940 Milly TEMAN ST. HOMOSASSO. FI. ZYWB 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent (P.O. Box Number is Not Acceptable 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 the obligations of registered agent SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) FILE NOW!!!_FEE.IS \$150.00 9._Election.Campaign Financing \$5.00 May Be П Trust Fund Contribution. Duy by September 12, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. DANIEL C BENTER ☐ Delete TITLE Change NAME 5940 MILLIE MANST. NAME STREET ADDRESS STREET ADDRESS Homosous B. Fr. 3448 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE Gandy. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Б ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7/P Change 🔲 Delete 🌥 ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP 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. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SI NG OFFICER OR DIRECTOR Date Daytime Phone

FILED

May 30, 2008 8:00 am Secretary of State 4010685 #P05000061388

To whom it Concerns MAY, 27, 08, I DID DOT recieve An Annual renewal reminder, therefor the report is late. Please waive the 400° CATE FEE. Thanks. DADIEL C BEDTOD. Southern Hertare, INC.