FILED

2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2008 08:00 AM **DOCUMENT # P05000065302** Secretary of State COMMUNITY SOUTHERN HOLDINGS, INC. Principal Place of Business Mailing Address 3340 SOUTH FLORIDA AVENUE 3340 SOUTH FLORIDA AVENUE LAKELAND, FL 33803 LAKELAND, FL 33803 01062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3201658 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE IGLER & DOUGHERTY, P.A. 2457 CARE DR. TALLAHASSEE, FL 32308 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 Fiorida. 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) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PCEO** TITLE MICALLEF, MICHAEL A NAME STREET ADDRESS 5170 HIGHLANDS BY THE LAKE DRIVE CITY-ST-ZIP LAKELAND, FL 33813 TITLE U000000782297 01/15/08-80068-017 150.00 NAME STREET ADDRESS CITY-ST-ZIP 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 filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 further and officer or director of the corporation or the receiver or further and officer. The report as regular 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 employered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-2008 (863)648-2265

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