2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF

Apr 03, 2006 8:00 am Secretary of State DOCUMENT # P05000119679 1. Entity Name 04-03-2006 90398 040 ***150.00 SOUTH & EAST SALES, INC. Principal Place of Business Mailing Address 1662 W PEARSON ST HERNANDO FL 34442 1662 W PEARSON ST HERNANDO FL 34442 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 20-Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FILLINGER, REGINA H Street Address (P.O. Box Number is Not Acceptable) 1662 W PEARSON ST HERNANDO FL 34442 Zip Code 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 of printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 OFFICERS AND DIRECTORS 11. HILE D ☐ Delete TITLE ☐ Change ☐ Addition NAME FILLINGER, REGINA H NAME 1662 W PEARSON ST STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP HERNANDO FL 34442 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME FILLINGER, DAVID R 1662 W PEARSON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HERNANDO FL 34442 ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TUTLE ☐ Defete NAME STREET ADDRESS STREET ADDRESS Ctry-S1-7IP CITY-ST-ZIP Addition ☐ Change Delete TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 a) address, with all other like empowered.

FILED