
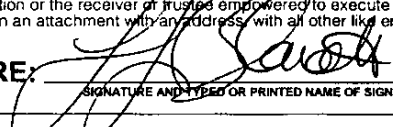


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90097 005 \*\*\*158.75

<b>DOCUMENT # P05000160471</b> 1. Entity Name <b>COLUMBIA SOUTHERN INC.</b>					
Principal Place of Business <b>14241 US HWY 1 JUNO BEACH, FL 33408-1405</b>			Mailing Address <b>14241 US HWY 1 JUNO BEACH, FL 33408-1405</b>		
2. Principal Place of Business - No P.O. Box # <b>7525 NW 37TH AVE</b> Suite, Apt. #, etc. <b>BUILDING "A"</b>		3. Mailing Address <b>175 NORTH MAIN ST.</b> Suite, Apt. #, etc.			
City & State <b>MIAMI, FL</b>		City & State <b>PORT CHESTER, NY</b>		4. FEI Number <b>20-3955747</b>	
Zip <b>33147</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RAYNOR LAW FIRM PA 14241 US HWY 1 JUNO BEACH, FL 33408-1405</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLAIOTTA, LOUIS J</b> <b>14241 US HWY 1</b> <b>JUNO BEACH, FL 334081405</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BLAIOTTA, LOUIS J</b> <b>175 NORTH MAIN ST</b> <b>PORT CHESTER, NY 10573</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 any address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>LOUIS J. BLAIOTTA</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>1-16-07</b> Daytime Phone # <b>914-937-7100</b>		