2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Sep 14, 2007 8:00 am Secretary of State

DOCUMENT # P06000057661 1. Entity Name SOUTH EAST PURCHASING GROUP INC,					09-14-2007 9	00003 031 ***15	88.75
Principal Plac	e of Business	Mailing Address					
4500 BELVE	DERE ROAD	4500 BELVEDERE ROA	D		. •		
SUITE C West Palm	BEACH, FL 33411	SUITE C West Palm Beach, Fl	33411				
		<i>A</i> IIIII		1818			
2. Principal P	lace of Business - No P.O. Box #	A. Mailing Address	yal Palm Be	الألا الجهوا في المديد		dolou biik iodio biiko omok 1	19 1 1, 1, 19 1 ,
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	YM IAIM DE	0700000	Ohe D	CD0E004 (40(00)	
# 27	<u></u>	#271		07022007	Chg-P	CR2E034 (12/06)	
City & Stat	Salm Brach FL	City & State	Beal 1	FL 4. FEI Num	ber ノフル ろんだい		pplied For ot Applicable
Zip	Country	Zió Zió	Country		te of Status Desired	\$8.75 Add	
334	A Name and Address of Course S	334/1	· · · · · · · · · · · · · · · · · · ·			Fee Require	ed
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name							
	HARLES V JR.			ddress (P.O. Box Num	harles	V 2	
4500 BELVEDERE ROAD Suite C Street Address (P)					ber is Not Acceptable)	Blud	
WEST PALM BEACH, FL 33411							
City Parcel Percel FL Zip Code							
8. The above named entity submits this statement for the parpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept							
the obligations of redistated agent.							
SIGNATURE 9-1-07							
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
				\$5.00 May Be Added to Fees		th s. 607.193(2)(b), of receive the prior (
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS	CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11
TITLE	P	☐ Delete	TITLE	President	<i>†</i>	Change	☐ Addition
NAME STREET ADDRESS	MAIDA, CHARLES V JR. 4500 BELVEDERE ROAD SUITE	С	NAME STREET ADDRESS	Maida	Charles V	Tro.	#271
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	•	CITY-ST-ZIP	1128 KoyA	I PAIM DEA	ich Blud.	W 11
TITLE		Delete	TITLE	KOYAL PO	im beach	☐ Change	Addition
NAME STREET ADDRESS			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		□ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS				
TITLE		□ Delete	CITY-ST-ZIP			П сь	
NAME		L) Delete	TITLE NAME			☐ Change	■ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				<u>~-</u> .
TITLE NAME · .		☐ Delete	TITLE			Change	Addition
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	Addition
NAME STREET ADORESS			NAME				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
	ertify that the information supplied with t	his filing does-not qualify for		ontained in Chapter 1	9. Florida Statutes 1 fr	urther certify that the i	nformation
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 suppliemental apport is true airchaechrage 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 of truebed empowered to expect the truebed empowered to the corporation or the receiver of truebed empowered to the corporation of the receiver of truebed empowered to the corporation of the receiver of truebed empowered to the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the receiver of the corporation of the receiver of the corporation of the receiver of the							