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Apr 16, 2007 8:00 am
Secretary of State
04-02-2007 90058 011 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000103916

1. Entity Name
GREAT SOUTHERN SEMINARS, INC.

66009276

Principal Place of Business	Mailing Address
715 NE 19TH PL, UNIT 35 CAPE CORAL, FL 33909	715 NE 19TH PL, UNIT 35 CAPE CORAL, FL 33909

03202007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11879 King James Court	Robert D. Royston, Jr.
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Drawer 60205
City & State: Cape Coral, FL	City & State: Fort Myers, FL
Zip: 33991 Country:	Zip: 33906 Country:

4. FEI Number: 20-5352756 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINSTON, STUART
715 NE 19TH PL, UNIT 35
CAPE CORAL, FL 33909

7. Name and Address of New Registered Agent

Name: Robert D. Royston, Jr.
Street Address (P.O. Box Number is Not Acceptable): 12670 New Brittany Blvd.
Suite 101
City: Fort Myers, FL FL Zip Code: 33907

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] 3/29/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	WINSTON, STUART		NAME	
STREET ADDRESS	715 NE 19TH PL, UNIT 35		STREET ADDRESS	11879 King James Court
CITY-ST-ZIP	CAPE CORAL, FL 33909		CITY-ST-ZIP	Cape Coral, FL 33991
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-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: Stuart Winston 3/27/2007 239-887-1367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #