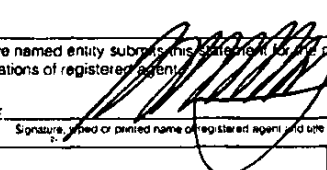
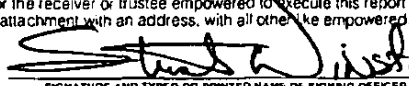


FILED
Apr 16, 2007 8:00 am
Secretary of State

04-02-2007 90058 011 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000103916			
1. Entity Name GREAT SOUTHERN SEMINARS, INC.			
Principal Place of Business 715 NE 19TH PL, UNIT 35 CAPE CORAL, FL 33909		Mailing Address 715 NE 19TH PL, UNIT 35 CAPE CORAL, FL 33909	
2. Principal Place of Business - No P.O. Box # 11879 King James Court		3. Mailing Address 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 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  DATE 3/29/07 Signature, typed or printed name of registered agent and type if applicable (NOTE: Registered Agent signature required when reinstating)			
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 NAME STREET ADDRESS CITY - ST - ZIP	D WINSTON, STUART 715 NE 19TH PL, UNIT 35 CAPE CORAL, FL 33909 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 11879 King James Court Cape Coral, FL 33991
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 an address, with all other like empowered.			
SIGNATURE: 		3/27/2007 239-887-1367 Date Daytime Phone #	