
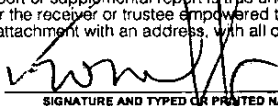


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 26, 2008 8:00 am**  
**Secretary of State**

08-26-2008 90001 028 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                                                                              |                                                            |                                                                                              |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------|
| <b>DOCUMENT # P07000025048</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                                                                                              |                                                            |             |                                   |
| 1. Entity Name<br>SOUTHEAST POLITICAL & CAMPAIGN CONSULTING, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                              |                                                            |                                                                                              |                                   |
| Principal Place of Business<br>1504 MAYO STREET<br>HOLLYWOOD, FL 33020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                                                                                              | Mailing Address<br>1504 MAYO STREET<br>HOLLYWOOD, FL 33020 |                                                                                              |                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | 3. Mailing Address                                                                                           |                                                            |                                                                                              |                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       | Suite, Apt. #, etc.                                                                                          |                                                            |                                                                                              |                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       | City & State                                                                                                 |                                                            | 4. FEI Number<br>26-0406466                                                                  |                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       | Country                                                                                                      |                                                            | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required     |                                   |
| 6. Name and Address of Current Registered Agent<br>JACKSON, WILBUR M JR.<br>1504 MAYO STREET<br>HOLLYWOOD, FL 33020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                                                                                              | 7. Name and Address of New Registered Agent                |                                                                                              |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                                                                              | Name                                                       |                                                                                              |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                                                                              | Street Address (P.O. Box Number is Not Acceptable)         |                                                                                              |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                                                                              | City                                                       |                                                                                              | FL 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 Due by September 12, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                            | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11      |                                                                                              |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | P                     | <input type="checkbox"/> Delete                                                                              | TITLE                                                      | <input type="checkbox"/> Change                                                              | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | JACKSON, WILBUR M JR. |                                                                                                              | NAME                                                       |                                                                                              |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1504 MAYO STREET      |                                                                                                              | STREET ADDRESS                                             |                                                                                              |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | HOLLYWOOD, FL 33020   |                                                                                                              | CITY-ST-ZIP                                                |                                                                                              |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       | <input type="checkbox"/> Delete                                                                              | TITLE                                                      | <input type="checkbox"/> Change                                                              | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                                                                                              | NAME                                                       |                                                                                              |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                                                                                              | STREET ADDRESS                                             |                                                                                              |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                                                                                              | CITY-ST-ZIP                                                |                                                                                              |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       | <input type="checkbox"/> Delete                                                                              | TITLE                                                      | <input type="checkbox"/> Change                                                              | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                                                                                              | NAME                                                       |                                                                                              |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                                                                                              | STREET ADDRESS                                             |                                                                                              |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                                                                                              | CITY-ST-ZIP                                                |                                                                                              |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       | <input type="checkbox"/> Delete                                                                              | TITLE                                                      | <input type="checkbox"/> Change                                                              | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                                                                                              | NAME                                                       |                                                                                              |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                                                                                              | STREET ADDRESS                                             |                                                                                              |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                                                                                              | CITY-ST-ZIP                                                |                                                                                              |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       | <input type="checkbox"/> Delete                                                                              | TITLE                                                      | <input type="checkbox"/> Change                                                              | <input type="checkbox"/> 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                                                                                              | Date: 8/22/08                                              |                                                                                              |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                                                                                              | Daytime Phone #                                            |                                                                                              |                                   |