FILED
May 27, 2008 8:00 am
Secretary of State
04-28-2008 90335 025 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000040058

1. Entity Name
SOUTHERN RESIDENTIAL ENTERPRISES, CORPORATION

Principal Place of Business	Mailing Address
2910 BUSH DR. MELBOURNE, FL 32935	2910 BUSH DR. MELBOURNE, FL 32935

66012155

04232008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-8776042 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AVANTE HOLDING GROUP, INC. 1900 S HARBOR CITY BLVD SUITE 315 MELBOURNE, FL 32901	Name: Avante Holding Group, Inc. Street Address (P.O. Box Number is Not Acceptable): 2910 Bush Dr. City: Melbourne FL Zip Code: 32935

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] 4-23-08
Signature, typed or printed name of registered agent and title if applicable / Date
NOTE: Registered Agent signature required when reinstating

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	KILPATRICK, WILLIS		NAME	KILPATRICK, WILLIS	
STREET ADDRESS	1900 S HARBOR CITY BLVD., STE. 315		STREET ADDRESS	2910 BUSH DR.	
CITY-ST-ZIP	MELBOURNE, FL 32901		CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	VP	☐ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	KILPATRICK, VIVIAN L		NAME	KILPATRICK, VIVIAN	
STREET ADDRESS	1900 S HARBOR CITY BLVD., STE. 315		STREET ADDRESS	2910 BUSH DR.	
CITY-ST-ZIP	MELBOURNE, FL 32901		CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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: [signature] April 22 2008 321 421 6349
Signature and typed or printed name of registered agent or director / Date / Daytime Phone #