## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000124225

Entity Name: SOUTHERN COMMERCIAL MANAGEMENT, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
SUITE 205					
	IDERDALE, FL				
Current Mailing Address:			New Mailir	New Mailing Address:	
SUITE 205	ERLINE ROAD IDERDALE, FL				
FEI Number:		FEI Number Applied For ( )	FEI Number Not Appli	inable ( ) Cortificate of Status Decired ( )	
		,	• • • • • • • • • • • • • • • • • • • •		
Name and	Address of Cu	urrent Registered Agent:	Name and	Address of New Registered Agent:	
2655 LE JE SUITE 816	I, BRUCE J EUNE ROAD ABLES, FL 331	34 US			
The above in the State		ubmits this statement for the pu	rpose of changing it	ts registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electronic	c Signature of Registered Agen	t	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS	AND DIRECT	ors:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () I COMPAGNIOTTE 1901 SW 56TH A PLANTATION, FL	AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () I TOMPKINS, MAR 5241 SW 101ST COOPER CITY, I	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	PRES () Change (X) Addition COMPAGNIOTTE, DONNA 1901 SW 56 AVE PLANTATION, FL 33317	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	VP ( ) Change (X) Addition TOMPKINS, MARY 5241 SW 101 AVE COOPER CITY, FL 33328	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	SEC () Change (X) Addition COMPAGNIOTTE, DONNA 1901 SW 56TH AVE PLANTATION, FL 33317	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	TR () Change (X) Addition TOMPKINS, MARY 5241 SW 101 AVE COOPER CITY, FL 33328	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY TOMPKINS VP 04/30/2008