

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000096772

**FILED  
May 07, 2010  
Secretary of State**

**Entity Name:** SOUTHEAST DATA RECOVERY, INC.

**Current Principal Place of Business:**

4119 BIRCH STREET  
MACCLENNY, FL 32063

**New Principal Place of Business:**

**Current Mailing Address:**

4119 BIRCH STREET  
MACCLENNY, FL 32063

**New Mailing Address:**

**FEI Number:** 27-1396598      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FOWLER WHITE BOGGS, P.A.  
50 N LAURA ST SUITE 2800  
JACKSONVILLE, FL 32202      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** WESTBERRY, MICHAEL  
**Address:** 4119 BIRCH ST  
**City-St-Zip:** MACCLENNY, FL 32063

**Title:** SEC  
**Name:** WESTBERRY, JUDITH  
**Address:** 4119 BIRCH ST  
**City-St-Zip:** MACCLENNY, FL 32063

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL WESTBERRY

PRES

05/07/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date