



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90169 050 ***150.00

DOCUMENT # P93000013376 1. Entity Name SOUTHEAST DETAILING, INC.					
Principal Place of Business 5920 W. SAMPLE ROAD SUITE 201 CORAL SPRINGS, FL 33067 US			Mailing Address 5920 W. SAMPLE ROAD SUITE 201 CORAL SPRINGS, FL 33067 US		
2. Principal Place of Business 5379 LYONS RD. Suite, Apt. #, etc. 172		3. Mailing Address 5379 LYONS RD. Suite, Apt. #, etc. 172			
City & State COCONUT CREEK, FL Zip 33073 Country BROWARD		City & State COCONUT CREEK, FL Zip 33073 Country BROWARD		4. FEI Number 65-0391412	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCMINN, DONALD 8107 NW 27TH ST. #4 CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name MCMINN DONALD Street Address (P.O. Box Number is Not Acceptable) 5379 LYONS RD. #172 City COCONUT CREEK FL Zip Code 33073		
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 <u>Donald W. McMin</u> PRESIDENT DATE <u>4-21-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVTD MC MINN, DONALD W 8107 NW 27TH ST. #4 CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD MCMINN DONALD W 5379 LYONS RD. #172 COCONUT CREEK, FL 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD MCMINN DONALD W 5379 LYONS RD. #172 COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Donald W. McMin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-21-06</u> Daytime Phone # <u>954-415-9234</u>		