2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 07, 2007 8:00 am Secretary of State

	71111471						,		J	01 ~ 0		
DOCUMENT # P97000042777 1. Entity Name SOUTHERN ACCOUNT SERVICES, INC.										032 ***15	50.00	
Principal Plac	e of Rueiness	Mailin	Mailing Address				41)	10/340				
Principal Place of Business 5051 45TH ROAD SOUTH			Mailing Address PO BOX 540991				10					
LAKE WORTH, FL 33463 US LAKE WORTH, FL 33454)4				1110 1120 1110 1110				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				05022007	Chg-P	CR2E	034 (12/06)		
City & State			City & State				4. FEI Number Applied For 65-0761837 Not Applied				•	
Zip 	Country	Zip		Coun	try		-	of Status Desired		\$8.75 Add		
	6. Name and Address of Current	Register	ed Agent				7. Name and	Address of New	v Registered	Agent		
POONAI, ANIL					Name Street Address (P.O. Box Number is Not Acceptable)							
5051 45TH ROAD SOUTH LAKE WORTH, FL 33463						Access (1.0. Cox nations 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida.									and accept			
the obligations of registered agent. SIGNATURE SIGNATURE												
0,0,0,0,0	Signature, typed or printed name of registered agent	and litte if app	plicable. (NO16	Registered	o Agent signature i	required wi	hen reinstating)		DATE			
FILE NOWIII FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Final Trust Fund Contribution.					ocing		5.00 May Be ded to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10.	OFFICERS AND	DIRECTO	DRS	11.			ADDITIONS/	CHANGES TO O	FFICERS AN	D DIRECTOR!	S IN 11	
TITLE	D Delete IIII									Change	Addition	
NAME	POONAI, ANIL				Ε					_ ,	_	
STREET ADDRESS				STRE	ET ADDRESS							
CITY-ST-ZIP	LAKE WORTH, FL 33463			CITY	-ST-ZIP							
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NAME				NAMI								
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CITY-ST-ZIP					- ST - ZIP							
12. I hereby	certify that the information supplied with	ı this filinç	does not qualify for	r the exe	emptions cont	itained ir	n Chapter 119	, ⊢lorida Statutes	s. I further ce	rtify that the in	nformation	

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: 🕰	1 hom	ANTL	POUNAF	President	4/26/07	561 9654200
	TURE AND TYPED OR PR	INTED NAME OF SIGNI	Date	Daytime Phone #		