2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 06, 2007 08:00 A Secretary of State **DOCUMENT # P97000054571** 1. Entity Name SOUTHPOINT ACRES, INC. Principal Place of Business Mailing Address 15920 46 LANE S. 15920 46 LANE S. WELLINGTON, FL 33414 WELLINGTON, FL 33414 No Chg-P CR2E034 (11/05) 03162007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0771691 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FEINBERG, ROBERTA DO NOT WRITE 15920 46TH LANE IN THIS SPACE WELLINGTON, FL 33414 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PSD FEINBERG, STEWART J NAME STREET ADDRESS 15920 46TH LANE SOUTH U000000692666 CITY-ST-ZIP WELLINGTON, FL 33414 04/16/07-80009-006 150.00 VTD TITLE FEINBERG, ROBERTA NAME 15920 46TH LANE SOUTH STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

0 J61-791-071 Daylime Phone #