2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jun 04, 2007 8:00 am **Secretary of State** DOCUMENT # P99000108767 1. Entity Name 06-04-2007 90010 028 ***150.00 S & P SOUTHEAST, INC. Principal Place of Business Mailing Address 8538 LOST COVE DRIVE 10308 Emerald 8538 LOST COVE DRIVE Enerald woods Avenue ORLANDO, FL 32819 Luvach Av. ORLANDO, FL 32819 Orlanto FL. 32836 orlando FL. 32836 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05312007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 59-3625172 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 10308 SHAIKH, NASEER Emerald Words Av. Street Address (P.O. Box Number is Not Acceptable) 8536 LOST-COVE-DRIVE Oxlando FL. 32836 OREANDO, FE-32819 City 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 accept the obligations of registered agent. SIGNATURE_ Signature, typed or printed name of registered event and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 8538 LOST COVE DRIVE 10308 Emercial SHAIKH, NASEER NAME STREET ADDRESS STREET ADDRESS corrects thence ORLANDO, PL 32819 CITY-ST-ZIP CITY-ST-ZIP FL. 32836 TITLE ☐ Delete TITLE ☐ Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-78P TITLE ☐ Delete TITLE Change Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

SIGNATIOE.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PROJED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

FILED

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