

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V55446

FILED
Jan 24, 2008
Secretary of State

Entity Name: CONFEDERATE STATE EXPORTS, INC.

Current Principal Place of Business:

1099 A1A BEACH BLVD
ST AUGUSTINE, FL 32084

New Principal Place of Business:

100 ARRICOLA AVE
ST AUGUSTINE, FL 32080

Current Mailing Address:

1099 A1A BEACH BLVD
ST AUGUSTINE, FL 32080

New Mailing Address:

100 ARRICOLA AVE
ST AUGUSTINE, FL 32080

FEI Number: 59-3164811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HINMAN, ROY H. II. MD
1099 A1A BEACH BLVD
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

HINMAN, ROY H. II. MD
100 ARRICOLA AVE
ST AUGUSTINE, FL 32080 US

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: ROY H HINMAN II MD

01/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: HINMAN, ROY H. II MD
Address: 1099 A1A BEACH BLVD
City-St-Zip: ST AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HINMAN, ROY H. II MD
Address: 100 ARRICOLA AVE
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROY H HINMAN II MD

PRES

01/24/2008

Electronic Signature of Signing Officer or Director

Date