


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90101 020 ***150.00

DOCUMENT # 493180	
1. Entity Name SOUTHERN INVESTORS REALTY, INC.	

60037881



Principal Place of Business 455 N INDIAN ROCKS RD. STE. B BELLEAIR BLUFFS, FL 33770 US	Mailing Address 455 N INDIAN ROCKS RD. STE. B BELLEAIR BLUFFS, FL 33770 US
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2. Principal Place of Business 1180 Ponce De Leon Blvd Suite, Apt. #, etc. Suite 201	3. Mailing Address 1180 Ponce De Leon Blvd Suite, Apt. #, etc. Suite 201
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04192006 Chg-P CR2E034 (11/05)

City & State Clearwater, FL	City & State Clearwater, FL
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4. FEI Number 59-1648707	Applied For <input type="checkbox"/> Not Applicable
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Zip 33756	Country USA	Zip 33756	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MOORE, JEFF 455 N INDIAN ROCKS ROAD LARGO, FL 33770

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 1180 Ponce de Leon Blvd.
Suite 201
City Clearwater
FL
Zip Code 33756

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B MOORE, MYRON 455 N INDIAN ROCKS RD., STE. B BELLEAIR BLUFFS, FL 33770 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOORE, JEFF 455 N INDIAN ROCKS RD., STE. B BELLEAIR BLUFFS, FL 33770 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B Moore, Myron 1180 Ponce De Leon Blvd Suite 201 Clearwater, FL 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Moore, Jeff 1180 Ponce De Leon Blvd, Suite 201 Clearwater, FL 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 Miles J. Moore **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Miles J. Moore **Date** 4/20/06 **Daytime Phone #** _____