2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE!

May 10, 2006 8:00 am Secretary of State **DOCUMENT #493180** 05-10-2006 90101 020 ***150.00 SOUTHERN INVESTORS REALTY, INC. Principal Place of Business Mailing Address 60037881 455 N INDIAN ROCKS RD. 455 N INDIAN ROCKS RD. STE. B STE. B BELLEAIR BLUFFS, FL 33770 BELLEAIR BLUFFS, FL 33770 2. Principal Place of Business 80 Pone 1180 Ponce De Leon Blud Suite, Apt. #, etc. CR2E034 (11/05) 04192006 susc2 4. FEI Number Applied For 59-1648707 Not Applicable \$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 MOORE, JEFF Street Address P.O. Box Number is Not Acceptable) 455 N INDIAN ROCKS ROAD LARGO, FL 33770 Zip Code 33756 City 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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change TITLE ☐ Delete TITLE Movie, Myron MOORE, MYRON NAME NAME 1180 Pone De Leon Blud-superol 455 N INDIAN ROCKS RD., STE. B STREET ADDRESS STREET ADDRESS Clearwater, PL 33786/ CITY-ST-ZIP BELLEAIR BLUFFS, FL 33770 CITY-ST-ZIP Change TITLE ☐ Addition TITLE ☐ Delete MOORE, JEFF NAME NAME Moore, Jef-f 1180 Ponce De Leon Blud, Suite 201 Clearwater, FL 33756 STREET ADDRESS 455 N INDIAN ROCKS RD., STE. B STREET ADDRESS BELLEAIR BLUFFS, FL 33770 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME 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-ZIP ☐ Change TIFLE ☐ Deiete TITLE Addition NAME 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 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 outrustee 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.

FILED