


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000005546</b> 1. Entity Name UNIVERSAL REALTY INVESTMENTS OF PENSACOLA, INC.	
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Principal Place of Business P.O. BOX 899 DOVER, DE 19903	Mailing Address 4060 BARRANCAS AVE PENSACOLA, FL 32507
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02142006 No Chg-P CR2ED34 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1347918	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HARRISON, C.B. 4060 BARRANCAS AVE. PENSACOLA, FL 32507
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 registering) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD YANCEY, JACK B 4060 BARRANCAS AVE. PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SOUTHERLAND, L.B. 4060 BARRANCAS AVE. PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HARRISON, CAROL B 4060 BARRANCAS AVE. PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000001439563 03/02/06-80005-017 150.00  <b>DO NOT WRITE IN THIS SPACE</b>
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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 C.B. Harrison **C.B. Harrison** 2/15/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #