2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L19331

CLAY REALTY INVESTORS, INC.



FILED Apr 10, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1002 SHERBROOKE ST. W.

MONTREAL QUEBEC, CANADA,

1002 SHERBROOKE ST. W.

SUITE 2625

SUITE 2625

MONTREAL QUEBEC, CANADA,

h3a-316 US



DO NOT WRITE IN THIS SPACE

04042007 No Chg-P

CR2E034 (11/05)

4. FÉI Number 59-2974761

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

MAYERS, ALEXANDER 2121 N OCEAN BLVD **APT - 1007E**

BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

8. The above named entity submi	is this statement for the purpos	e of changing its registered of	fice or registered agent, or both	, in the State of Florida.	I am familiar with, and accept
the obligations of registered ag	ent.		-		

(NOTE: Registered Agent signature required when reinstating)

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

10. TITLE NAME Signature, typed or printed name of registered agent and title if applicable

1002 SHERBROOKE ST. W., SUITE 2625

MONTREAL, QUEBEC, CANADA, h3a 3l6

\$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

MAYERS, ALEXANDER

BOCA RATON, FL

GARTNER, MICHAEL

2121 N OCEAN BLVD #1007E

9. Election Campaign Financing Trust Fund Contribution.

OFFICERS AND DIRECTORS

000000699731 04/19/07-80055-002 150.00

DATE

TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

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 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:

MICHABL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO