2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2006 08:00 AM DOCUMENT # L79712 **Secretary of State** 1. Entity Name SOS REALTY CORP. Principal Place of Business Mailing Address 1605 KING ARTHUR CIRCLE MAITLAND FL 32751 1605 KING ARTHUR CIRCLE MAITLAND FL 32751 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 59-3013980 Not Applicat Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name SCHIEFERDECKER, HOWARD A 1605 KING ARTHUR CIRCLE Street Address (P.O. Box Number is Not Acceptable) MAITLAND FL 32751 Zip Code 6. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when roustating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May B: After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS Delete TITLE U00000427366 TITLE SCHIEFERDECKER, WALTER L NAME NAME 02/21/06-80005-001 150.00 STREET ADDRESS FOOT OF FERRY ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ESSEX CT 06426 ☐ Delete ☐ Change All *** VP . TITLE NAME SCHEIFERDECKER, HOWARD A MAME STREET ADDRESS STREET ADDRESS 1605 KING ARTHUR CIR CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 □ Add® ☐ Delete ☐ Change TITLE SD NAME NAME SCHOCH, CYNTHIA J STREET ADDRESS STREET ADDRESS 38 N MAIN ST CITY-ST-ZIP CITY-ST-ZIP ESSEX CT 06426 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ACURESS CITY-ST-ZIP COY-ST-ZIP Change TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP Change Addition 🔲 Delete NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-S1-ZIP

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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:

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2/6/06 (40D 702-3131

FILED