


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L79712 1. Entity Name SOS REALTY CORP.	
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Principal Place of Business 1605 KING ARTHUR CIRCLE MAITLAND FL 32751 US	Mailing Address 1605 KING ARTHUR CIRCLE MAITLAND FL 32751 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

1st MOORE CR2E034 (10/06)

City & State	City & State	4. FEI Number 59-3013980
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent SCHIEFERDECKER, HOWARD A 1605 KING ARTHUR CIRCLE MAITLAND FL 32751

7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DP SCHIEFERDECKER, WALTER L	<input type="checkbox"/>
NAM	FOOT OF FERRY ST	
STREET ADDRESS	ESSEX CT 06426	
CITY- ST- ZIP		
TITLE	VP	<input type="checkbox"/>
NAM	SCHIEFERDECKER, HOWARD A	
STREET ADDRESS	1605 KING ARTHUR CIR	
CITY- ST- ZIP	MAITLAND FL 32751	
TITLE	SD	<input type="checkbox"/>
NAM	SCHOCH, CYNTHIA J	
STREET ADDRESS	38 N MAIN ST	
CITY- ST- ZIP	ESSEX CT 06426	
TITLE		<input type="checkbox"/>
NAM		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAM		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAM		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE			
NAM			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAM			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAM			
STREET ADDRESS			
CITY- ST- ZIP			

U00000612496
02/02/07-80108-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 1/29/07 (407) 702-313
 Daytime Phone #