

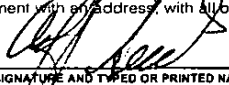


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90005 042 \*\*\*\*61.25

<b>DOCUMENT # N02000007538</b> 1. Entity Name <b>SARASOTA REAL ESTATE INVESTORS, INC.</b>					
Principal Place of Business <b>240 SOUTH PINEAPPLE AVENUE 10TH FLOOR SARASOTA, FL 34236</b>				Mailing Address <b>240 SOUTH PINEAPPLE AVENUE 10TH FLOOR SARASOTA, FL 34236</b>	
2. Principal Place of Business <b>534 Palmwood Dr.</b>		3. Mailing Address <b>534 Palmwood Dr.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>			
Zip <b>34232</b>		Zip <b>34232</b>		4. FEI Number <b>02-0643300</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DOERR, KENNETH D 240 SOUTH PINEAPPLE AVENUE 10TH FLOOR SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>BOOTHROYD, HOWARD</b> <b>820 OLD TRAIL RD.</b> <b>NOKOMIS, FL 34275</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>SEEDS, CLIFF</b> <b>534 PALMWOOD DR.</b> <b>SARASOTA, FL 34232</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <b>KITZMAN, BETTY</b> <b>434 PALM TREE DR.</b> <b>BRADENTON, FL 34210</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP PRESIDENT</b> <b>PITTMAN, JUDITH</b> <b>4805 COUNTRY OAKS BLVD</b> <b>SARASOTA, FL 34232</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VICE PRESIDENT</b> <b>JAMES WILLIG</b> <b>3915 COUNTRY VIEW CIRCLE</b> <b>SARASOTA, FL 34233</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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.					
<b>SIGNATURE:</b>  <b>Cliff Seeds, Treasurer</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <b>2/18/06</b> <small>Daytime Phone #</small> <b>941-685-6141</b>					