2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000140216

City-St-Zip: NEW PORT RICHEY, FL 34653

Entity Name: SOUTHERN HOME LENDERS, INC

FILED Aug 31, 2006 Secretary of State

Entity Nan	ne: SOUTHE	ERN HOME LENDERS, INC.					
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
8517 SHALLOW CREEK CT. NEW PORT RICHEY, FL 34653				1056 META RD MASARYKTOWN, FL 34604			
Current Mailing Address:			New Maili	New Mailing Address:			
8517 SHALLOW CREEK CT. NEW PORT RICHEY, FL 34653				1056 META RD MASARYKTOWN, FL 34604			
FEI Number:	22-3917027	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desire	ed ()	
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
SPIEGEL 8 1840 SW 2 4TH FLOO MIAMI, FL	R	.A.					
The above in the State	named entity of Florida.	submits this statement for the pu	rpose of changing i	ts registered of	fice or registered agent,	or both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Ager	nt	Date			
		93(2)(b), F.S., the corporation did not g Trust Fund Contribution ().	receive the prior notic	e.			
	AND DIREC	•	ADDITION	IS/CHANGES	TO OFFICERS AND DII	RECTORS:	
Title: Name: Address: City-St-Zip:	BARRETT, RO 8517 SHALLO		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	LAROSE, TAR. 8517 SHALLO		Title: Name: Address: City-St-Zip:	V (X) LAROSE, TARA 1056 META RD MASARYKTOW			
Title: Name: Address:	ST (BARRETT, GA 8517 SHALLO		Title: Name: Address:	()	Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: TARA S LAROSE V 08/31/2006