

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000006194

Entity Name: SOUTHTREND REALTY, INC.

FILED
Apr 11, 2006
Secretary of State

Current Principal Place of Business:

739-E NORTH DRIVE
MELBOURNE, FL 32934 US

New Principal Place of Business:

760-A NORTH DRIVE
MELBOURNE, FL 32934 US

Current Mailing Address:

739-E NORTH DRIVE
MELBOURNE, FL 32934 US

New Mailing Address:

760-A NORTH DRIVE
MELBOURNE, FL 32934 US

FEI Number: 59-3164956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RATHBUN, ADAM C
2265 KEYSTONE AVE.
MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RATHBUN, ADAM C
Address: 2265 KEYSTONE AVE.
City-St-Zip: MELBOURNE, FL 32904

Title: ST () Delete
Name: MARTS, KAREN A
Address: 210 MAGNOLIA ST.
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: KAREN MARTS

ST

04/11/2006

Electronic Signature of Signing Officer or Director

_____ Date