


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000067358**

1. Entity Name  
**SRS PROPERTIES, INC.**



Principal Place of Business  
**1212 S. ANDREWS AVENUE  
 SUITE 203  
 FT LAUDERDALE, FL 33316**

Mailing Address  
**1212 S. ANDREWS AVENUE  
 SUITE 203  
 FT LAUDERDALE, FL 33316**



01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0784977**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SHARPE, ORLANDO  
 1212 S. ANDREWS AVENUE  
 SUITE 203  
 FT LAUDERDALE, FL 33316**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHARPE, ORLANDO
STREET ADDRESS	1212 S. ANDREWS AVENUE, SUITE 203
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	D
NAME	SCHOPP, DAVID
STREET ADDRESS	1212 S. ANDREWS AVENUE, SUITE 203
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 01/31/06-80008-001 150.00

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 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 empowerments.

SIGNATURE: \_\_\_\_\_ DATE: **1/13/06** DAYTIME PHONE #: **954-832-9085**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR