2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

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DOCUMENT # P98000033111 1. Entity Name COMMERCIAL REALTY OF PINELLAS, INC.						05-01-200	06 90359 (030 ***15	50.00
Principal Plac	e of Business	Mailing Address							
1230 S. MYRTLE AVENUE		P.O. 80X 671				007368	11		
SUITE 301					լ	001300	, _		
CLEARWATER, FL 33756		CLEARWATER, FL 33757							
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2. Principal Place of Business		3. Mailing Address 1230 S Myrtle Ave						L	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02172006	Chg-P	CR2E	034 (11/05)	
		Suite #301							
City & State		City & State		4. FEI Numbe	r		Ar	oplied For	
		Clearwater, FL			59-3506	8887		No	ot Applicable
Zip	Country		Country					\$8.75 Add	ditional
		33756-3456	US		5. Certificate	of Status Desired	; <u> </u>	Fee Require	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New	Registered		
			Name						
SAVOIE, TEMPI									
	YRTLE AVENUE	Street Address		Address (I	P.O. Box Numbe	r is Not Accepta	ble)		
SUITE 301									
	TER, FL 33756								
			City				FL	_ Zip Cod	o
R. The above	named entity submits this statement for	the nurnose of changing its re-	nistered office	v regieter	ed agent, or hot	in the State of	Florida Lac	familias with	and aggent
the obligat	ions of registered agent.	are purpose or orienging its re-	gistores omico	ar register	ed agent, or both	i, ki tile State Of	rioriua. Taii	i idirillar Witti,	and accept
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SIGNATURE_									
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	egistered Agent sign	ature required	when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent a			ature required	when reinstating)		DATE		
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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 empowered.

SIGNATURE:

SIGNATURE AND TAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06

727-447-1521 Daytine Phone #