


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000008829</b> 1. Entity Name <b>CLARION REALTY GROUP, INC.</b>	
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Principal Place of Business <b>1510 SE 17TH STREET SUITE 300 FORT LAUDERDALE, FL 33316</b>	Mailing Address <b>1510 SE 17TH STREET SUITE 300 FORT LAUDERDALE, FL 33316</b>
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**DO NOT WRITE IN THIS SPACE**



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0894716</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DAY, J ROBERT  
1510 SE 17TH STREET  
SUITE 300  
FORT 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and File # applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAY, J. ROBERT 1510 SE 17TH STREET, SUITE 300 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPIERS, DAVID G 1510 SE 17TH STREET, SUITE 300 FORT LAUDERDALE, FL 33316
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03/29/05-80013-020 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3/24/05 9545226635**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #