

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 819598
 Entity Name
 AIDAS REALTY CORPORATION



Principal Place of Business
 300 ARLINGTON HEIGHTS ROAD
 ITASCA, IL 60143

Mailing Address
 1300 ARLINGTON HEIGHTS ROAD
 ITASCA, IL 60143



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-2545665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 JO CT CORPORATION SYSTEM
 200 SOUTH PINE ISLAND RD.
 LANTATION, FL 33324

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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.

GNATURE

Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered agent signatures remain when re-registering)

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

1100000387031
 01/19/06-80023-001 150.00

OFFICERS AND DIRECTORS

LE ME REET ADDRESS Y-ST-ZIP	AC KUNSTMAN, MICHAEL 1300 ARLINGTON HEIGHTS RD ITASCA, IL 60143
LE ME REET ADDRESS Y-ST-ZIP	VPD GUZIK, WILLIAM M 1300 ARLINGTON HEIGHTS ROAD ITASCA, IL 60143
LE ME REET ADDRESS Y-ST-ZIP	SD MARR, ALVIN K 1300 ARLINGTON HEIGHTS ROAD ITASCA, IL 60143
LE ME REET ADDRESS Y-ST-ZIP	VPT MATRE, DAVID W 1300 ARLINGTON HEIGHTS ROAD ITASCA, IL 60143
LE ME REET ADDRESS Y-ST-ZIP	CEOD FELDMAN, ALAN D 1300 ARLINGTON HEIGHTS RD ITASCA, IL 60143
LE ME REET ADDRESS Y-ST-ZIP	

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2. 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: *Michael K Kunstman* 1/4/06 Michael K Kunstman 1/4/2006 630-4158-305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #