


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 844536 1. Entity Name HCF REALTY, INC.	
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Principal Place of Business 100 MAPLE PARK BLVD., STE. 106 ST. CLAIR SHORES, MI 48081	Mailing Address 2001 KIRBY DR STE 1210 HOUSTON, TX 77019
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01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-1455045	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 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FRUEHAUF, HARVEY C., JR. 7430 2ND AVE, ALBERT KAHN BLDG., 9TH FL DETROIT, MI 48202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRAST, ALBERT 400 LAKEWOOD DR. WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRAST, ALBERT A 400 LAKEWOODDR WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS COLSON, JOHN P 2001 KIRBY DR, STE 1210 HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRISTOL, DAVID A. JR. 100 MAPLE PARK BLVD, SUITE 106 ST CLAIR SHORES, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAINEY, BARTLEY J 2001 KIRBY DRIVE, SUITE 1210 HOUSTON, TX 77019

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03/03/06-80041-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **2/2/06** **561-655-4100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #