2007 FOR PROFIT CORPORATION

FILED May 31, 2007 8:00 am Secretary of State

05-31-2007 90001 050 ***550.00

ANNUAL REPORT

DOCUMENT # F01000002028 1. Entity Name INVESTORS MANAGEMENT TRUST REAL ESTATE GROUP, INC. Principal Place of Business Mailing Address 40119101 13400 VENTURA BLVD. 13400 VENTURA BLVD. SHERMAN OAKS, CA 91423 SHERMAN OAKS, CA 91423 2. Principal Place of Business - No P.O. Box Mailing Address 5303 VENTURA B Asutnal CR2E034 (12/06) 05212007 Chg-P Applied For City & State Çity & State 4. FEI Number Sherman UAKS 95-4510577 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PCD Delete TITLE Addition TESORIERO, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 13400 VENTURA BLVD. CITY-ST-ZIP CITY - ST - 7IP SHERMAN OAKS, CA 91423 TITLE Addition TITLE ☐ Delete THABIT, CORY NAME NAME STREET ADDRESS 13400 VENTURA BLVD. STREET ADDRESS CITY-ST-ZIP SHERMAN OAKS, CA 91423 CITY-ST-ZIP TITLE TITLE ☐ Delete NAME SCHER, BRYAN NAME 13400 VENTURA BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIE SHERMAN OAKS, CA 91423 CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this thing 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, HER SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAI