FILED 08:00 A] f State

For ticable

ANNUAL REPORT					Mar 28, 2008 08:			
DOCU 1. Entity Name	MENT # F01000			,	Secretary of	of S		
INVESTORS MANAGEMENT TRUST REAL ESTATE GROUP, INC.				İ				
15303 VENT #200	ee of Business TURA BLVD AKS, CA 91403	Mailing Address 15303 VENTURA BLVD #200 SHERMAN OAKS, CA 91403		1 (48)(48 (1)	1888 1181 881 881 881		8 (11 2 88 1	
				<u> </u>				
.D	O NOT WP	ITE IN THIS SPA	CE	01072008	No Chg-P	CR2E034 (11)05)		
نا .				4. FEI Numb 95-451			ied For	
			· · · · · · · · · · · · · · · · · · ·	 -		\$8.75 Addition	Applicable	
	•	Same Same Same	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5. Certificate	of Status Desired	Fee Required	mai	
	6. Name and Address of C	urrent Registered Agent		र्ग विस्तर है।	Trop, 50		F	
1200 SOU	PORATION SYSTEM ITH PINE ISLAND ROAD ION, FL 33324	•	, ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	and the second of	NOT W THIS SP	The state of the s		
	named entity submits this state tions of registered agent.	ment for the purpose of changing its registe	ered office or register	red agent, or bo	th, in the State of Flo	orida. I am familiar with, ar	d accept	
SIGNATURE_	Signature, typed or printed name of register	red agent and title if applicable (NOTE Registe	ered Agent signature required	d when reinstating)		DATE	—	
FIL After Ma	E NOWIII FEE IS \$150. ay 1, 2008 Fee will be	9. Election Campaign Fin \$550.00 Trust Fund Contribution		.00 May Be led to Fees	U0000 04/10/08	0873185 -80064-015 15	0.100	
10.	,	S AND DIRECTORS			13.1		, n ⁴	
TITLE NAME STREET ADORESS	PCD TESORIERO, JOHN 15303 VENTURA BLVD#.	200	. • 1			The second secon		
CITY - ST - ZIP	SHERMAN OAKS, CA 91	403		j.				
NAME CIRCLA ADDRESS	VD THABIT, CORY	200	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		gal Marie de la companya della companya de la companya de la companya della compa	Market Market State of		
STREET ADDRESS CITY-ST-ZIP	15303 VENTURA BLVD #3 SHERMAN OAKS, CA 91							

TITLE NAME SCHER, BRYAN STREET ADDRESS 15303 VENTURA BLVD #200 **DO NOT WRITE** CITY ST-ZIP SHERMAN OAKS, CA 91403 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C!TY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this films coes not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental apport 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 postee 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 title empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR