


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000005050</b>	
1. Entity Name DRE, INC.	

Principal Place of Business 800 S. MILWAUKEE AVE. LIBERTYVILLE, IL 60048	Mailing Address 800 S. MILWAUKEE AVE. LIBERTYVILLE, IL 60048
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07052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 36-3912517	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

ROSEN, MARVIN  
222 LAKEVIEW AVE., STE. 800  
WEST PALM BEACH, FL 33401

**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 reinstating)

DATE 07/06/06-00013-013 150.00

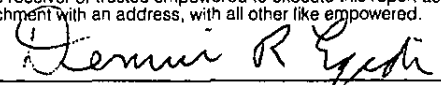
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP EGIDI, DENNIS R 15170 W. OAK SPRING RD. LIBERTYVILLE, IL 60048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP EGIDI, MICHAEL 1426 N. ORLEANS, APT. 302 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELSH, MICHELLE 15 CONTRA COSTA PLACER HENDERSON, NV 89052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLHEMUS, DEBORAH 30 FEATHER SOUND DR. HENDERSON, NV 89052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRASNOW, HENRY C 500 N. DEARBORN, SECOND FLOOR CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS ZINOVIC, PATRICIA L 800 S. MILWAUKEE AVE, STE. 170 LIBERTYVILLE, IL 60048

**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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_