## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F04000003091

Title:

Name:

Address:

City-St-Zip:

FILED Sep 21, 2007 Secretary of State

Entity Nam	1e: USA REAL E	ESTATE PROFIT FUNDS, IN	IC.			
Current Principal Place of Business:			New Princi	New Principal Place of Business:		
CAMREAL TORONTO CANADA M	ONTARIO	MT ONE YONGE ST #1801 XX	C/O BRACE SUITE 3800 DALLAS, TX	1	I LLP, 1445 ROSS AV	
Current Mailing Address:			New Mailin	New Mailing Address:		
CAMREAL EUROPEAN MGMT ONE YONGE ST #1801 TORONTO ONTARIO CANADA M5E 1W7, XX		55 CITY CE	C/O MORGUARD INVESTMENTS LIMITED 55 CITY CENTRE DR., STE 800 MISSISSAUGA, ON L5B 1M3 CA			
FEI Number:	52-2047901 F	El Number Applied For()	FEI Number Not Applie	cable ( ) Cert	ificate of Status Desired ( )	
Name and	Address of Curi	rent Registered Agent:	Name and	Address of New F	Registered Agent:	
1200 SOUT	ORATION SYSTE TH PINE ISLAND DN, FL 33324					
The above in the State		mits this statement for the pu	urpose of changing its	s registered office	or registered agent, or both,	
SIGNATUR	E: SANDY SIMO	ONITS				
	Electronic S	Signature of Registered Ager	nt		Date	
		(b), F.S., the corporation did not ust Fund Contribution ( ).	receive the prior notice			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () Del MELDA, KARSTEN SEBASTAIN STR 3 <sup>-</sup> ERLANGEN GERM	1 D-91058	Title: Name: Address: City-St-Zip:	()Chan	ge ( ) Addition	
Title: Name: Address: City-St-Zip:	D () Del SONTOWSKI, KLAU SEBASTAIN STR. 3 ERLANGEN GERM	JS-JURGEN 11 D-91058	Title: Name: Address: City-St-Zip:	()Chan	ge ( ) Addition	
Title: Name: Address: City-St-Zip:	P () Del LANGMANN, ANDR SEBASTAIN STR. 3 ERLANGEN GERM	E 1 D-91058	Title: Name: Address: City-St-Zip:	()Chan	ge ( ) Addition	
Title: Name: Address:	S () Del MILLARD, WILLIAM 500 N. AKARD STR		Title: Name: Address:	S (X) Chan MILLARD, WILLIAM F 1445 ROSS AVENUE	ge ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SANDY SIMONITS ASO 09/21/2007

( ) Delete

TORONTO, ONTARIO, CANADA, M5E 1W7

1 YONGE STREET, SUITE 1801

SIMONITS, SANDY

(X) Change ( ) Addition

SIMONITS, SANDY

55 CITY CENTRE DR. STE 800

MISSISSAUGA, ON L5B 1M3 CA