2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 24, 2006 08:00 AM **Secretary of State** DOCUMENT # F04000003919 MICHAEL A. POPE, P.C. Mailing Address Principal Place of Business 227 WEST MONROE ST 227 WEST MONROE ST CHICAGO, IL 60606-5096 CHICAGO, IL 60606-5096 01182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For FEI Number 36-4027544 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COLEMAN, IRA J DO NOT WRITE 201 S BISCAYNE BLVD, 22ND FLOOR MIAMI, FL 33131-4336 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 8. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10 OFFICERS AND DIRECTORS CPST TITLE POPE, MICHAEL A NAME UUUUUU445124 STREET ADDRESS 227 WEST MONROE ST 03/07/08 80076-011 150.00 CITY-ST-ZIP CHICAGO, IL 606065096 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS CITY-ST-ZIP

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 that empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayrine Phone #

FILED