


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90052 049 ***158.75

DOCUMENT # F050Q0001022	
1. Entity Name CONDOMINIUM RENTAL SERVICES, INC.	

Principal Place of Business 1212 NORTH LASALLE STREET SUITE 110 CHICAGO, IL 60610	Mailing Address 1212 NORTH LASALLE STREET SUITE 110 CHICAGO, IL 60610
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40016826



2. Principal Place of Business - No P.O. Box # 1030 N. Clark Street	3. Mailing Address 1030 N. Clark Street
Suite, Apt. #, etc. Ste. 300	Suite, Apt. #, etc. Ste. 300
City & State Chicago IL	City & State Chicago IL
Zip 60610	Country USA

01252007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2086679	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOULETAS, STEVEN E 1212 NORTH LASALLE STREET CHICAGO, IL 60610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1030 N. Clark Street, Ste. 300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FISH, MICHAEL A 1212 NORTH LASALLE STREET CHICAGO, IL 60610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1030 N. Clark Street, Ste. 300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIBENEDETTO, ANTHONY R 1212 NORTH LASALLE STREET CHICAGO, IL 60610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1030 N. Clark Street, Ste. 300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHWARK, JAMES 1212 N LASALLE SUITE 110 CHICAGO, IL 60610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1030 N. Clark Street, Ste. 300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Anthony R. DiBenedetto** 1-30-07 312-595-4714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #