2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jan 26, 2006 8:00 am **Secretary of State** DOCUMENT # F05000003931 01-26-2006 90046 033 ***150.00 1ST CHOICE REAL ESTATE INVESTMENTS LTD., INC. Principal Place of Business Mailing Address 10141 SOUTH WESTERN AVENUE 10141 SOUTH WESTERN AVENUE CHICAGO, IL 60643 CHICAGO, IL 60643 60006700 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 Chg-P CR2E034 (11/05) 4. FEI Number 36-4413623 City & State City & State Applied For Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR MIAMI, FL 33145 City Zip Code 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. Signature, typed or printed name of registered agent and tate if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete IIILE Addition Change Nichelle RANSON GREEN, MICHAEL NAME NAME 9101 BASSWOOD De STREET ADDRESS 9101 BASSWOOD STREET ADDRESS TINLEY PARK, IL 60477 CITY-ST-ZIP TINJEY PARK IIL 60477 CITY-ST-ZIP ☐ Delete ffle TITLE ☐ Change Addition NAME GREEN, MICHAEL STREET ADDRESS 9101 BASSWOOD STREET ADDRESS CITY-SI-ZIP TINLEY PARK, IL 60477 CITY-ST-ZIP thre Delete TILLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 71P 12. I hereby certify that the information supplied with this filling 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 employered 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

1-17-06 773-779-6200