
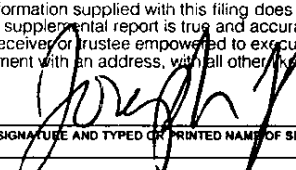


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90030 007 \*\*\*150.00

<b>DOCUMENT # F06000006056</b> 1. Entity Name <b>IGGYS HOUSE REALTY, INC.</b>			
Principal Place of Business <b>205 N. MICHIAN AVENUE SUITE 4400 CHICAGO, IL 60601</b>		Mailing Address <b>205 N. MICHIAN AVENUE SUITE 4400 CHICAGO, IL 60601</b>	
2. Principal Place of Business - No P.O. Box # <b>One South Wacker Drive Suite 1900 Chicago, IL</b>		3. Mailing Address <b>One South Wacker Drive Suite 1900 Chicago, IL</b>	
City & State <b>Chicago, IL</b>		City & State <b>Chicago, IL</b>	
Zip <b>60601</b>	Country <b>U.S.A</b>	Zip <b>60601</b>	Country <b>U.S.A</b>
4. FEI Number <b>20-5734887</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR. STE 4 WESTON, FL 33331</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	NAME <b>FOX, JOSEPH</b>	TITLE <b>Director</b>	NAME <b>Fox, Joseph</b>
STREET ADDRESS <b>205 N. MICHIAN AVENUE, SUITE 4400</b>	CITY-ST-ZIP <b>CHICAGO, IL 60601</b>	STREET ADDRESS <b>One South Wacker Drive, Suite 1900</b>	CITY-ST-ZIP <b>Chicago, IL 60601</b>
TITLE <b>PT</b>	NAME <b>FOX, YITZHOK</b>	TITLE <b>Director, President, CEO, CFO, Treasurer</b>	NAME <b>Fox, Yitzhok</b>
STREET ADDRESS <b>702 N 129TH ST SUITE 116</b>	CITY-ST-ZIP <b>OMAHA, NE 68154</b>	STREET ADDRESS <b>702 N 129th Street, Suite 116</b>	CITY-ST-ZIP <b>Omaha, NE 68154</b>
TITLE <b>S</b>	NAME <b>FOX, YITZHOK ASST.</b>	TITLE <b>Secretary</b>	NAME <b>Fox, Yitzhok</b>
STREET ADDRESS <b>702 N 129TH ST SUITE 116</b>	CITY-ST-ZIP <b>OMAHA, NE 68154</b>	STREET ADDRESS <b>702 N 129TH ST SUITE 116</b>	CITY-ST-ZIP <b>CHICAGO, IL 60601</b>
TITLE <b>VS</b>	NAME <b>OTIS, STEPHEN</b>	TITLE <b>V</b>	NAME <b>KATZ, JOSHUA</b>
STREET ADDRESS <b>702 N MICHIGAN AVE SUITE 116</b>	CITY-ST-ZIP <b>CHICAGO, IL 60601</b>	STREET ADDRESS <b>501 BRICKELL KEY DR SUITE 205</b>	CITY-ST-ZIP <b>MIAMI, FL 33131</b>
TITLE <b>V</b>	NAME <b>KATZ, JOSHUA</b>	TITLE <b>V</b>	NAME <b>KATZ, JOSHUA</b>
STREET ADDRESS <b>501 BRICKELL KEY DR SUITE 205</b>	CITY-ST-ZIP <b>MIAMI, FL 33131</b>	STREET ADDRESS <b>501 BRICKELL KEY DR SUITE 205</b>	CITY-ST-ZIP <b>MIAMI, FL 33131</b>
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 names empowered.			
SIGNATURE: 		Date: <b>3/21/08</b> Daytime Phone: <b>312-932-1111</b>	