2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # F97000005711 HALLMARK GROUP REAL ESTATE SERVICES CORP. Principal Place of Business Mailing Address 3111 PACES MILL ROAD 3111 PACES MILL ROAD SUITE A250 ATLANTA GA 30339 SUITE A250 ATLANTA GA 30339 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 58-1531240 Not Applicat Country Country Zip \$8.75 Additional Zìp 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADAMS, SUSAN Street Address (P.O. Box Number is Not Acceptable) HALLMARK MANAGEMENT, INC. 4040 NEWBERRY RD., STE 1000 GAINESVILLE FL 32607 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 accerthe obligations of registered agent. Signature, typed or primed name of registered agent and title if applicable (NOTE Registered Agent arguments required when roinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May [Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change PETERSEN, MARTIN H MAME NAME 11000000462483 STREET ADDRESS STREET ADDRESS 3111 PACES MILL ROAD, SUITE A-250 CITY-ST, ZIP 03/21/06-80038-012 158.75 CITY-ST-ZIE ATLANTA GA 30339 ☐ Change ☐ Ani ···· TITLE Delete. TITLE NAME PENCE, JOHN D NAME STREET ADDRESS 3111 PACES MILL ROAD, SUITE A-250 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30339 Colore Colore ☐ Change Air. TITLE HILL NAME NAME CASEY, SANDRA P STREET ADDRESS STREET ADDRESS 3111 PACES MILL ROAD, SUITE A-250 CITY-ST-ZIP CITY-ST-7IP ATLANTA GA 30339 Oelete IM F Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change $\square \mathcal{M}_{\bullet}$ MARAE NAME SPREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete MILE ☐ Change EJA. TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 cath, that I am an officer or direction from 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 1 if changed, or on an attachment with an address, with all other like empowered.

3-2-06

Susan

SIGNATURE:

adams

FILED

Mar 10, 2006 08:00 AM