2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# H36928

Entity Name: C.H. REALTY, INC.

Current Principal Place of Business:

24 FRANK LLOYD WRIGHT DRIVE
LOBBY L, 4TH FLOOR
ANN ARBOR, MI 48105 US

New Principal Place of Business:

250 COCOPLUM RD
CORAL GABLES, FL 33143 US

Current Mailing Address:

24 FRANK LLOYD WRIGHT DRIVE
LOBBY L, 4TH FLOOR
ANN ARBOR, MI 48105

New Mailing Address:

250 COCOPLUM RD
CORAL GABLES, FL 33143 US

FEI Number: 59-2491323 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ, LILLIAM D.
250 COCOPLUM ROAD
CORAL GABLES, FL 331436407 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: AL-QATTAN, ABBAS
Address: 24 FRANK LLOYD WRIGHT DRIVE, LOBBY L, 4TH
City-St-Zip: ANN ARBOR, MI 48105

Title: PD (X) Delete
Name: BEACH, PATRICK L
Address: 24 FRANK LLOYD WRIGHT DRIVE, LOBBY L, 4TH
City-St-Zip: ANN ARBOR, MI 48105

Title: VPT (X) Delete
Name: KELLY, DANIEL J
Address: 24 FRANK LLOYD WRIGHT DRIVE, LOBBY L, 4TH
City-St-Zip: ANN ARBOR, MI 48105

Title: VPS (X) Delete
Name: ZABRISKIE, JOANNA
Address: 24 FRANK LLOYD WRIGHT DRIVE, LOBBY L, 4TH
City-St-Zip: ANN ARBOR, MI 48105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PEREZ, LILLIAM D
Address: 250 COCOPLUM RD
City-St-Zip: CORAL GABLES, FL 33143 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIAM D PEREZ D 04/19/2007

Electronic Signature of Signing Officer or Director Date