FILED Mar 16, 2007 8:00 am **Secretary of State**

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200	7 NOT-FOR-PROFIT CORPOR ANNUAL REPORT	RATION

03-16-2007 90041 021 ****61.25 DOCUMENT # N06000002705 C.S.R.E.A. OF FLORIDA, INC. Principal Place of Business Mailing Address 20007780 2881 EAST OAKLAND PARK BOULEVARD 2881 EAST OAKLAND PARK BOULEVARD **ROOM 306 ROOM 306** FORT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL 33304 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03132007 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 42-1698235 Not Applicable Zip Country Zip Country \$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 Name MORRIS, STUART R ESQ Street Address (P.O. Box Number is Not Acceptable) 7000 W PALMETTO PARK ROAD **SUITE 310** BOCA RATON, FL 33433 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 title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May Be Filing Fee Is \$61.25 Trust Fund Contribution. Due by May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PD TITLE TITLE Delete ☐ Change ☐ Addition O'NEILL, JOHN NAME NAME 2881 EAST OAKLAND PARK BOULEVARD, ROOM 306 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, FL 33304 **VPD** TITLE ☐ Delete ☐ Change ☐ Addition NAME SALLES, STUART NAME 2881 EAST OAKLAND PARK BOULEVARD, ROOM 306 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE, FL 33304 CITY-ST-ZIP CITY-ST-ZIP STD ☐ Change ☐ Addition KJELLBERG, KJELL NAME NAME STREET ADDRESS 2881 EAST OAKLAND PARK BOULEVARD, ROOM 306 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33304 CITY-ST-ZIP TITI F ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME 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 ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 two 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an adverse, with all other likesup powered. SIGNATURE:

ING OFFICER OR DIRECTOR