


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90038 033 ****61.25

DOCUMENT # N06000004875		
1. Entity Name HALLMARK COMMERCIAL ASSOCIATION, INC.		

Principal Place of Business % NAI MIAMI 9655 S DIXIE HWY - STE 200 MIAMI, FL 33156	Mailing Address % NAI MIAMI 9655 S DIXIE HWY - STE 200 MIAMI, FL 33156
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

401-



07052007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent SCHMIDT, EDWARD L % NAI MIAMI 9655 S DIXIE HWY - STE 200 MIAMI, FL 33156	
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4. FEI Number 20-5321331	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	LARKIN, JEREMY S
STREET ADDRESS	% NAI MIAMI-9655 S DIXIE HWY-STE 200
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	VPD <input type="checkbox"/> Delete
NAME	SCHMIDT, EDWARD L
STREET ADDRESS	% NAI MIAMI-9655 S DIXIE HWY-STE 200
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	STD <input type="checkbox"/> Delete
NAME	ECKSTEIN, ROBERT
STREET ADDRESS	% NAI MIAMI-9655 S DIXIE HWY-STE 200
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 617, 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

SIGNATURE:		7/26/07	Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

Daytime Phone #