2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment

SIGNATUI

SIGNATURE: _

Secretary of State 07-23-2007 90038 033 ****61.25 DOCUMENT # N06000004875 HALLMARK COMMERCIAL ASSOCIATION, INC. 402---Principal Place of Business Mailing Address % NAI MIAMI % NAI MIAMI 9655 S DIXIE HWY - STE 200 9655 \$ DIXIE HWY - STE 200 MIAMI, FL 33156 MIAMI, FL 33156 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07052007 Chg-NP CR2E037 (12/06) 4. FEI Number 20-5321331 City & State City & State Applied For Not Applicable Country 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 SCHMIDT, EDWARD L % NAI MIAMI Street Address (P.O. Box Number is Not Acceptable) 9655 S DIXIE HWY - STE 200 MIAMI, FL 33156 City Zip Code FL 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 hypodice printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by September 14, 2007 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete Addition THE □ Change 100.6 LARKIN, JEREMY S NAME NAMI STREET ADDRESS % NAI MIAMI-9655 S DIXIEY HWY-STE 200 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP TITLE VPD ☐ Delete THLE Change Addition SCHMIDT, EDWARD L NAME NAME STREET ADDRESS % NAI MIAMI-9655 S DIXIEY HWY-STE 200 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY - ST - ZIP STD IMEE ☐ Delete TITLE ☐ Change ■ Addition ECKSTEIN, ROBERT NAME NAME STREET ADDRESS "% NAI MIAMI-9655 S DIXIEY HWY-STE 200 STREET ADDRESS CI1Y-S1-ZIP MIAMI, FL 33156 City-St-7iP EITLE ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP HILL. ☐ Delete ☐ Change Addition HILL NAMI NAMI STREET ADDRESS STRUET ADDRESS CITY ST ZIP CITY-ST-ZIP Description this filing does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information all for its 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 is true and accurate this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if thereby certify that the information indicated on this report or supplier of the corporation or the receiver or

with all other like empowered

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jul 23, 2007 8:00 am

Daytime Phone #