2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006176

KNOLL, AMOS

10597 MENDOCINO LANE

BOCA RATON, FL 33428

Name:

Address:

City-St-Zip:

FILED Apr 29, 2007 Secretary of State

Entity Name: CAPITAL TRUST, INC **Current Principal Place of Business: New Principal Place of Business:** 620 NW 13TH STREET #25 BOCA RATON, FL 33486 **Current Mailing Address: New Mailing Address:** 620 NW 13TH STREET #25 BOCA RATON, FL 33486 FEI Number: 20-4981551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAY, NATALIE 620 NW 13TH STREET #25 BOCA RATON, FL 33486 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RAY, NATALIE Name: Name: Address: 620 NW 13TH STREET #25 Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: Title: () Delete Title: () Change () Addition D'ISA, CHRISTIAN Name: Name: Address: 3355 JAYWOOD TERR Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: NATALIE RAY PRES 04/29/2007