2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P26610

1. Entity Name

ROYAL APARTMENTS U.S.A., INC.



Principal Place of Business

1605 S STATE ST

112

CHAMPAIGN, IL 61820 U

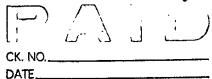
Mailing Address

1605 S STATE ST

SUITE 112 CHAMPAIGN, IL 61820

imir man, it 01020 05

FILED Apr 02, 2007 08:00 AM Secretary of State





01042007

No Chg-P

CR2E034 (11/05)

4. FEI Number 37-1249003

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THRASHER, ELWIN III 908 N GADSDEN ST TALLAHASSEE, FL 32303

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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, an	d accept
	the obligations of registered agent.		,

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstaling)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENNEMAN, MICHAEL J. 1605 S. STATE STREET CHAMPAIGN, IL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMIDT, RODRICK L. 505 DEVONSHIRE DRIVE CHAMPAIGN, IL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WORNER, ERIC S. 4015 RIVERKNOLL CHAMPAIGN, IL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEELING, DAVID 2220 BRIAR HILL DR CHAMPAIGN, IL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

U00000687358 04/10/07-80036-016 150.00

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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with gradures, with all of pile like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dak

Daytime Phone #