


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 830666 1. Entity Name DOUGLAS N. HIGGINS INC.	
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Principal Place of Business 3390 TRAVIS POINTE RD. SUITE A ANN ARBOR, MI 48108 US	Mailing Address 3390 TRAVIS POINTE RD. SUITE A ANN ARBOR, MI 48108 US
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 38-1807765	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 33607-5736

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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, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	V SWEET, JAMES H. 9462 HIDDEN LAKE CIRCLE DEXTER, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAWKER, SUZANNE 9462 HIDDEN LAKE CIRCLE DEXTER, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIGGINS, DOUGLAS N 3390 TRAVIS POINTE RD., SUITE A ANN ARBOR, MICH 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILKIE, KELLY 3390 TRAVIS POINTE RD / #A ANN ARBOR, MI 48108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIGGINS, DANIEL 3390 TRAVIS POINTE RD. SUITE A ANN ARBOR, MI 48108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAM, HIGGINS 3390 TRAVIS POINTE RD/ #A ANN ARBOR, MI 48108

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01/17/07-80088-014 150.00

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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 an address, with all other like empowered.

SIGNATURE: R. Suzanne Hawker SEC. TREAS. 1-8-07 (734) 996-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D daytime Phone #

R. SUZANNE HAWKER