


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000004842	
1. Entity Name BUSINESS STRATEGY AUDIT SERVICES, INC.	

Principal Place of Business 944 52ND ST SE GRAND RAPIDS, MI 49508	Mailing Address 944 52ND ST SE GRAND RAPIDS, MI 49508
---	---

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 38-3038374	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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000115568
04/16/04-80029-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD FAYON, CHARLES 6463 CROOKED CREEK HOWARD CITY, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAN DYKE, DENNIS 5283 LONDONBERRY SE KENTWOOD, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GEELHOED, DANIEL 1810 WOODCLIFF SE GRAND RAPIDS, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VFPD KISTLER, DAVID 2193 GREENDALE DR. JENISON, MI 49428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOWANS, ANTHONY 4257 STONEBRIDGE RD #9 WYOMING, MI 49509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David Kestler **DAVID KESTLER** 3/25/04 616-261-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #