

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004842

FILED
Jan 22, 2009
Secretary of State

Entity Name: BUSINESS STRATEGY AUDIT SERVICES, INC.

Current Principal Place of Business:

944 52ND ST SE
GRAND RAPIDS, MI 49508

New Principal Place of Business:

Current Mailing Address:

944 52ND ST SE
GRAND RAPIDS, MI 49508

New Mailing Address:

FEI Number: 38-3038374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: FAYON, CHARLES
Address: 944 52ND STREET SE
City-St-Zip: GRAND RAPIDS, MI 49508

Title: SD () Delete
Name: VAN DYKE, DENNIS
Address: 944 52ND STREET SE
City-St-Zip: GRAND RAPIDS, MI 49508

Title: VTD () Delete
Name: GEELHOED, DANIEL
Address: 944 52ND STREET SE
City-St-Zip: GRAND RAPIDS, MI 49508

Title: VPFD () Delete
Name: KISTLER, DAVID
Address: 944 52ND STREET SE
City-St-Zip: GRAND RAPIDS, MI 49508

Title: VP () Delete
Name: GOWANS, ANTHONY
Address: 944 52ND STREET SE
City-St-Zip: GRAND RAPIDS, MI 49508

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID KISTLER

VPFD

01/22/2009

Electronic Signature of Signing Officer or Director

Date