


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000000492

1. Entity Name
UHY ADVISORS MI, INC.



Principal Place of Business
12900 HALL RD.
SUITE 500
STERLING HEIGHTS, MI 48313-1153

Mailing Address
C/O STUART MANDEL, UHY ADVISORS, INC.
555 LONG WHARF DR., 12TH FLOOR
NEW HAVEN, CT 06511



02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-1910111

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and the if applicable DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	AS MANDEL, STUART J 555 LONG WHARF DRIVE, 12TH FLOOR NEW HAVEN, CT 06511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DASS BIKUN, DENNIS W AT 12900 HALL ROAD, SUITE 500 STERLING HEIGHTS, MI 48313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRABOTTA, ANTHONY P 12900 HALL ROAD, SUITE 500 STERLING HEIGHTS, MI 48313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLLMER, GORDON R 12900 HALL RD. SUITE 500 STERLING HEIGHTS, MI 48313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FISHER, MARCUS R 26200 AMERICAN DRIVE, SUITE 500 STERLING HEIGHTS, MI 48313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SANTICCHIA, MICHAEL 26200 AMERICAN DRIVE, SUITE 500 STERLING HEIGHTS, MI 48313

000000418874
02/14/06-80024-023 150.00

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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 authority like empowered.

SIGNATURE:  **Stuart Jay Mandel, Assistant Secretary**

Date: **2/9/06** Daytime Phone #: **203-777-1099**