

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90021 012 ***150.00



DOCUMENT # F03000000237
 1. Entity Name
MICHIGAN RETAILERS SERVICES, INC.

Principal Place of Business: **603 S. WASHINGTON AVE. LANSING, MI 48933**
 Mailing Address: **603 S. WASHINGTON AVE. LANSING, MI 48933**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____



01092006 Chg-P CR2E034 (11/05)

4. FEI Number: **38-1814245**
 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

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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, 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	C <input type="checkbox"/> Delete
NAME	MEYER, LARRY
STREET ADDRESS	603 S. WASHINGTON AVE.
CITY-ST-ZIP	LANSING, MI 48933
TITLE	D <input type="checkbox"/> Delete
NAME	MAZZONI, ORIN JR.
STREET ADDRESS	29317 FORD ROAD
CITY-ST-ZIP	GARDEN CITY, MI 48135
TITLE	D <input type="checkbox"/> Delete
NAME	UNGRODT, THOMAS
STREET ADDRESS	2910 HURON PKWY #100
CITY-ST-ZIP	ANN ARBOR, MI 48105
TITLE	ST <input type="checkbox"/> Delete
NAME	SARASIN, JEAN
STREET ADDRESS	603 S. WASHINGTON AVE.
CITY-ST-ZIP	LANSING, MI 48933
TITLE	P <input type="checkbox"/> Delete
NAME	HALLON, JAMES P
STREET ADDRESS	603 S. WASHINGTON AVE
CITY-ST-ZIP	LANSING, MI 48933
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hallon
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X J P Hallon JAMES P. HALLON 1/19/06 517-372-5656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #