


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000002771</b>	
1. Entity Name <b>SUN QRS POOL 12, INC.</b>	

Principal Place of Business <b>27777 FRANKLIN ROAD, STE. 200 SOUTHFIELD, MI 48034</b>	Mailing Address <b>27777 FRANKLIN ROAD, STE. 200 SOUTHFIELD, MI 48034</b>
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**DO NOT WRITE IN THIS SPACE**



03102006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1142718</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR, SUITE 4 WESTON, FL 33331</b>
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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) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOC SHIFFMAN, GARY A 27777 FRANKLIN ROAD, STE. 200 SOUTHFIELD, MI 48034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS JORISSEN, JEFFREY P 27777 FRANKLIN ROAD, STE. 200 SOUTHFIELD, MI 48034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPC FANNON, BRIAN W 27777 FRANKLIN ROAD, STE. 200 SOUTHFIELD, MI 48034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPA COLMAN, JONATHAN 27777 FRANKLIN ROAD, STE. 200 SOUTHFIELD, MI 48034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, CLUNET R 27777 FRANKLIN ROAD, STE. 200 SOUTHFIELD, MI 48034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, ARTHUR A 27777 FRANKLIN ROAD, STE. 200 SOUTHFIELD, MI 48034

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05/16/06-80045-017 150.00

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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:  **JEFFREY P JORISSEN** 4/24/06  
SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #