

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005570

FILED
Apr 20, 2009
Secretary of State

Entity Name: CBI DESIGN PROFESSIONALS, INC.

Current Principal Place of Business:

4050 WEST MAPLE ROAD SUITE 200
BLOOMFIELD HILLS, MI 48301

New Principal Place of Business:

838 WEST LONG LAKE ROAD
SUITE 110
BLOOMFIELD HILLS, MI 48302

Current Mailing Address:

4050 WEST MAPLE ROAD SUITE 200
BLOOMFIELD HILLS, MI 48301

New Mailing Address:

838 WEST LONG LAKE ROAD
SUITE 110
BLOOMFIELD HILLS, MI 48302

FEI Number: 38-2838565

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 STE 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: P () Delete
Name: CLARKE, ROBERT
Address: 4050 WEST MAPLE ROAD SUITE 200
City-St-Zip: BLOOMFIELD HILLS, MI 48301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLARKE, ROBERT G AIA
Address: 838 WEST LONG LAKE ROAD, SUITE 110
City-St-Zip: BLOOMFIELD HILLS, MI 48302

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: ROBERT CLARKE

PRES

04/20/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date