


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F97000006893 1. Entity Name SALLY FOSTER, INC.	
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Principal Place of Business 1414 E. MAPLE ROAD TROY, MI 48083-4019	Mailing Address 1414 E. MAPLE ROAD TROY, MI 48083-4019
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**DO NOT WRITE IN THIS SPACE**



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number 38-3084766	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P	NAME BITTKER, ALAN
STREET ADDRESS 1414 E MAPLE RD.	CITY-ST-ZIP TROY, MI 48083
TITLE EVP	NAME PETRY, KEVIN
STREET ADDRESS 1414 E MAPLE RD.	CITY-ST-ZIP TROY, MI 48083
TITLE S	NAME CLEVELAND, CAMILLE
STREET ADDRESS 1414 E MAPLE RD.	CITY-ST-ZIP TROY, MI 48083
TITLE T	NAME STASSEN, ED
STREET ADDRESS 1414 E MAPLE RD.	CITY-ST-ZIP TROY, MI 48083
TITLE AT	NAME BERRY, SANDY
STREET ADDRESS 1414 E MAPLE RD.	CITY-ST-ZIP TROY, MI 48083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Sandy Berry Date: 4/8/05 Daytime Phone #: 248-404-1398  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR