

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P21894
 1. Entity Name
 SUPPLY NETWORK, INC.



Principal Place of Business
 210 N.INDUSTRIAL PARK RD
 HASTINGS, MI 49058 US

Mailing Address
 210 N.INDUSTRIAL PARK RD
 HASTINGS, MI 49058 US



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 38-2806071 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. 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 _____ 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, 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 NAME STREET ADDRESS CITY - ST - ZIP	PS ORTYL, KEVIN 161 OTTAWA AVE NW STE 502 GRAND RAPIDS, MI 49503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GROOS, THOMAS T 161 OTTAWA NW, STE. 508 GRAND RAPIDS, MI 49503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD OSHIASKI, JANICE 161 OTTAWA AVE NW STE 502 GRAND RAPIDS, MI 49503
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 04/27/05-80034-023 150.00

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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: Janice A. Oshinski 4-21-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #