2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2007 08:00 AM Secretary of State

Fee Required

DC		18	UT.	44	20	SE	EQ.
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1. Entity Name SLAVIK, INC.



Principal Place of Business

32605 W. 12 MILE ROAD, SUITE 350 FARMINGTON HILLS, MI 48334

Mailing Address

32605 W. 12 MILE ROAD, SUITE 350 FARMINGTON HILLS, MI 48334



DO NOT WRITE IN THIS SPACE

 01102007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 38-6076195
 Applied For Not Applicable

 5. Certificate of Status Desired
 \$8.75 Additional

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC. 417 E. VIRGINIA STREET., SUITE 1 TALLAHASSEE, FL 32301

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE										
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	TORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAURIA, DEL J. 32605 W. 12 MILE ROAD SUITE 350 FARMINGTON HILLS, MI 48334				U00000590251 01/18/07-80044-021 150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GOLD, ERIC A. 32605 W. 12 MILE ROAD, SUITE 350 FARMINGTON HILLS, MI 48334									
NAME STREET ADDRESS CITY-ST-ZIP	T FRASCO, JOHN W. 32605 W. 12 MILE ROAD., SUITE 350 FARMINGTON HILLS, MI 48334			DO NOT WRITE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLAVIK, RICHARD 32605 W 12 MILE ROAD FARMINGTON HILLS, MI 48334		IN THIS SPACE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SLAVIK, STEPHAN F 32605 W 12 MILE ROAD FARMINGTON HILLS, MI 48334	• • • • • • • • • • • • • • • • • • • •								
NAME STREET ADDRESS CITY-ST-ZIP				triand a Change 11	9, Florida Statules. I further ceruly that the information					
12. I nereby (sertify that the information supplied with this II	mid goes not drigina for the exe	inplions con	Raineo III Chapter 14	o, i longa grandes. I fulfiber 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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