## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2008 8:00 am Secretary of State

DOCUI 1. Entity Nam SLAVIK, I						04-14-200	08 90045 (	)32 ***150	0.00	
Principal Place of Business Mailing Address								40067843		
32605 W. 12 MILE ROAD, SUITE 350 32605 W. 12 MILE ROAD, SUIT FARMINGTON HILLS, MJ 48334 FARMINGTON HILLS, MJ 4833										
2 Principal P	lace of Rusinger - No P.O. Roy #	3 Mailing Address								
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 32500 TEKETOPN Road 32500 TEK			raph Rd·			EBILU BHBI BUET BUD		#   0		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02112008	Chg-P	CR2E	034 (12/06)		
City & State Binaham Favns M		City & State Birgham Farms MI		1				plied For t Applicable		
19075	Country	Zip 0 490035	Country		5. Certificate	of Status Desired	d 🗆	\$8.75 Add Fee Required	itional	
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of Nev	w Registered	<del> </del>		
CAPITAL (	CONNECTION, INC.		Name	Name						
417 E. VIR	GINIA STREET., SUITE 1		Street A	Street Address (P.O. Box Number is Not Acceptable)						
. IALLAHAS	SSEE, FL 32301									
			City				FL	Zip Code	·	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office of	register	ed agent, or bo	th, in the State of			and accept	
SIGNATURE_										
SIGNATORE	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE: F	Registered Agent signat	ure required	when reinstating)		DATE			
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaigr Trust Fund Contrib			<b>00</b> May Be ed to Fees					
10.	OFFICERS AND D	PIRECTORS	11.		ADDITIONS/	CHANGES TO C	FFICERS AND	DIRECTORS	S IN 11	
TITLE NAME	VP	☐ Delete	TITLE NAME		_		0 4	☐ Change	Addition	
STREET ADDRESS	· ·		STREET ADDRESS	325	500 Talegraph food, Ste. 222					
CITY-ST-ZIP	FARMINGTON HILLS, MI 48334		CITY-ST-ZIP	Bin	<u>ahaws</u>	. Forms,	ML 48	<u>085                                    </u>		
TITLE NAME	VPS GOLD, ERIC A.	☐ Delete	TITLE NAME			•		☐ Change	☐ Addition	
STREET ADDRESS	32605 W. 12 MILE ROAD, SUITE	350	STREET ADDRESS							
CITY-ST-ZIP	FARMINGTON HILLS, MI 48334		CITY-ST-ZIP		<del> </del>					
TITLE . NAME	T FRASCO, JOHN W.	☐ Delete	TITLE NAME	•	}		-	- effange	– ∐ Addition	
STREET ADDRESS	32605 W. 12 MILE ROAD., SUITE	350	STREET ADDRESS		İ					
CITY-ST-ZIP	FARMINGTON HILLS, MI 48334	**************************************	CITY-ST-ZIP		<del>\</del>					
TITLE Name	PD SLAVIK, RICHARD	Delete	TITLE NAME					Change	☐ Addition	
STREET ADDRESS	32605 W 12 MILE ROAD		STREET ADORESS							
CITY-ST-ZIP	FARMINGTON HILLS, MI 48334 EVP	□ Delete	CITY-ST-ZIP	<u> </u>	<del> </del>			Denange	Addition	
TITLE NAME	SLAVIK, STEPHAN F	☐ Delete	NAME					Change	בן אטטוווטוז	
STREET ADDRESS CITY-ST-ZIP	32605 W 12 MILE ROAD FARMINGTON HILLS, MI 48334		STREET ADDRESS CITY-ST-ZIP		-/					
TITLE	FARMING FON MILLS, MI 48334	☐ Delete	TITLE	<b></b>	<del></del>	<u>; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; </u>	-	☐ Change	Addition	
NAME		La Doloto	NAME					onlings		
STREET ADDRESS CITY-ST-ZIP		* - 1 - 1	STREET ADDRESS CITY-ST-ZIP							
			J J. LH	1						

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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EPIL A. 6000 2/1168

8 (240) 207-0011

Daytime Phone #