


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90054 021 ***150.00

| | | | |
|--|---------|---|---------|
| DOCUMENT # 418802 | |  | |
| 1. Entity Name HOMES OF MERIT, INC. | | | |
| Principal Place of Business PO BOX 1606 BUILDING 121 BARTOW AFB BARTOW, FL 33830 US | | Mailing Address 2701 CAMBRIDGE CT, 300 AUBURN HILLS, MI 48326 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 755 West Big Beaver Rd | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 1000 | |
| City & State | | City & State Troy MI | |
| Zip | Country | Zip | Country |
| | | 48084 | USA |



01152008 Chg-P CR2E034 (12/06)

| | |
|---|--------------------------------|
| 4. FEI Number 59-1438488 | 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | FL | Zip Code |

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 _____

| | | |
|---|--|-----------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|--|-----------------------------|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WILLIAMS, B J 2701 CAMBRIDGE CT #300 AUBURN HILLS, MI 48326 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 755 W Big Beaver Rd #1000 Troy MI 48084 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V NICKLAS, DERELL 2701 CAMBRIDGE CT #300 AUBURN HILLS, MI 48326 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP 755 W Big Beaver Rd #1000 Troy MI 48084 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TAS CECIL, JOE 2701 CAMBRIDGE CT #300 AUBURN HILLS, MI 48326 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 755 W Big Beaver Rd #1000 Troy MI 48084 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TAS SETTLE, NEIL 2701 CAMBRIDGE CT #300 AUBURN HILLS, MI 48326 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AT Jimmy Paul 755 W Big Beaver Rd #1000 Troy MI 48084 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP William Stamer 755 W Big Beaver Rd #1000 Troy MI 48084 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE Jimmy Paul Asst. Treasurer 1/15/08 248-614-8250
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40072800
418802
HOMES OF MERIT, INC.

BOARD OF DIRECTORS

Phyllis A Knight

OFFICERS

| <u>Name</u> | <u>Title</u> |
|--------------------|---------------------------------|
| BJ Williams | President |
| Derell Nicklas | Vice President |
| William H. Stamer | Vice President |
| Phyllis A. Knight | VP / Secretary |
| Joe Cecil | Treasurer & Assistant Secretary |
| Jimmy Paul | Assistant Treasurer |

ADDRESS

The address for all of the above individuals is:

755 W Big Beaver Rd. #1000
Troy, MI 48084