


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 753590 1. Entity Name SOLE APTS., INC.	
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Principal Place of Business C/O DIANA MICHAUD 4819 W WILLOW HWY LANSING, MI 48917 US	Mailing Address C/O DIANA MICHAUD 4819 W WILLOW HWY LANSING, MI 48917 US
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DO NOT WRITE IN THIS SPACE



03282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0091459	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

STAMPLER, ANNETTE
3800 PEPERTREE CIRCLE WEST
DAVIE, FL

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000875530 04/11/08-80076-012 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COVELLO, VINCENT 4819 GULL RD., APT #10 LANSING, MI 48917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CICORELLI, ROSALIE 358 CROSSWIND DR DIMONDALE, MI 48821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MICHAUD, DIANA L 4819 W WILLOW HWY LANSING, MI 48917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAETANO, PERNA 1307 N. COLLEGE RD. MASON, MI 48854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ROSA, JERRY 4150 WATSON HOLT, MI 48842
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORLANDO, VALETINO 1600 CHESTER RD. LANSING, MI 48912

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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 617, 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: *Diana Michaud Treasurer* **3/28/08 (517) 321-0395**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #