2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844166

Title:

Name: Address:

City-St-Zip:

STD

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BOYLAN, RAELENE

PLAINWELL, MI 49080

27 TERRACE CT

FILED Apr 26, 2007 Secretary of State

Entity Name: BOYLAN SALES, INC. **Current Principal Place of Business: New Principal Place of Business:** 607 N MAIN ST 607 N MAIN ST P.O.BOX 358 PLAINWELL, MI 49080358 US PLAINWELL, MI 49080358 US **New Mailing Address: Current Mailing Address:** 607 N MAIN ST P.O.BOX 358 PLAINWELL, MI 49080358 US FEI Number: 38-0366930 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, ROBERT SHIELDS, MICHAEL 13438 MILITARY TRAIL 13438 MILITARY TRAIL DELRAY BEACH, FL 33445 US DELRAY BEACH, FL 33445 US 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. SIGNATURE: MICHAEL SHIELDS 04/26/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BOYLAN, JAMES C Name: Name: 3329 SUNSET KEY CIRCLE #307 Address: Address: City-St-Zip: PUNTA GORDA, FL 33955 City-St-Zip: () Delete Title: Title: () Change () Addition Name: BOYLAN, SARAHANNE, Name: 3329 SUNSET KEY CIRCLE #307 Address: Address: PUNTA GORDA, FL 33955 City-St-Zip: City-St-Zip: Title: Title: PD () Delete () Change () Addition BOYLAN, PATRICK T Name: Name: 27 TERRACE CT Address: Address: City-St-Zip: PLAINWELL, MI 49080 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PATRICK T. BOYLAN PD 04/26/2007

() Change () Addition