


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 855247		
1. Entity Name JOHN CARLO, INC.		

Principal Place of Business 45000 RIVER RIDGE DR. SUITE 200 CLINTON TOWNSHIP, MI 48038 US	Mailing Address 45000 RIVER RIDGE DR. SUITE 200 CLINTON TOWNSHIP, MI 48038 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
06 APR 24 PM 1:32



04102006 Chg-P CR2E034 (11/05)

4. FEI Number 38-1650909	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CATENACCI, CARLO J. 45000 RIVER RIDGE DR SUITE 200 CLINTON TOWNSHIP, MI 48038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Curtis A. Johnson 45000 River Ridge Dr, Suite 200 Clinton Township, Mi 48038 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO CATENACCI, JOSEPH E. 45000 RIVER RIDGE DR SUITE 200 CLINTON TOWNSHIP, MI 48038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CATENACCI, MICHAEL J 45000 RIVER RIDGE DR SUITE 200 CLINTON TOWNSHIP, MI 48038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900073989379 05/04/06--01020--007 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBSON, JOHN T. 45000 RIVER RIDGE DRIVE CLINTON TOWNSHIP, MI 48038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXVP DONOHOE, MICHAEL 45000 RIVER RIDGE DR SUITE 200 CLINTON TOWNSHIP, MI 48038 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4/26/06 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CATENACCI, JEANNIE 45000 RIVER RIAGE DR. STE 200 CLINTON TOWNSHIP, MI 48038 <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: 	Date 4/10/06	Daytime Phone # 586-416-4500
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