



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90017 001 \*1,587.50

<b>DOCUMENT # F00000001064</b> 1. Entity Name <b>AMFINITY BUSINESS SOLUTIONS, INC.</b>					
Principal Place of Business <b>4400 PGA BOULEVARD 10TH FLOOR PALM BEACH GARDENS, FL 33410</b>			Mailing Address <b>755 W. BIG BEAVER SUITE 1700 TROY, MI 48084 US</b>		
2. Principal Place of Business <b>755 W. Big Beaver</b> Suite, Apt. #, etc. <b>Suite 1700</b>		3. Mailing Address Suite, Apt. #, etc.  City & State <b>Troy, MI</b>			
Zip <b>48084</b>		Country  		05072004 Chg-P CR2E034 (10/03)	
4. FEI Number <b>39-1979503</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>NATIONSCORP REGISTERED AGENTS, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>				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 _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANDERBURG, CRAIG A PRES. 755 W. BIG BEAVER TROY, MI 48084	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Brian J. Jarzynski</b> <b>755 W. Big Beaver, Suite 1700</b> <b>Troy, MI 48084</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAIERS, JAMES E SEC. 755 W. BIG BEAVER TROY, MI 48084	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLEY, ANDREW S TRES. 755 W. BIG BEAVER TROY, MI 48084	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BURCHAM, JOHN W II 755 W BIG BEAVER, STE. 1700 TROY, MI 48084	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: James E. Baiers</b> <b>JAMES E. BAIERS</b> <b>5/6/04</b> <b>248-269-9600</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					