

6-27-2005 90006 001
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2005 FOR PROFIT CORPORATION ANNUAL REPORT


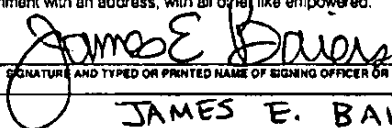
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STATE OF FLORIDA
TALLAHASSEE 000020700



06232005 Chg-P CR2E034 (10/03)

DOCUMENT # F00000001064					
1. Entity Name AMFINITY BUSINESS SOLUTIONS, INC.					
Principal Place of Business 755 W BIG BEAVER STE 1700 TROY, MI 48084			Mailing Address 755 W. BIG BEAVER SUITE 1700 TROY, MI 48084 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 39-1979503	
				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NATIONSCORP REGISTERED AGENTS, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent	
				Name	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD VANDERBURG, CRAIG A PRES. 755 W. BIG BEAVER TROY, MI 48084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD Craig A. Vanderburg 755 W. Big Beaver Suite 1700 Troy, MI 48084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD BAIERS, JAMES E SEC. 755 W. BIG BEAVER TROY, MI 48084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T JARZYNSKI, BRIAN J 755 W. BIG BEAVER TROY, MI 48084 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	C BURCHAM, JOHN W II 755 W BIG BEAVER,STE. 1700 TROY, MI 48084 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-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 or like empowered.					
SIGNATURE: 		6/24/05 (248) 269-9600			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JAMES E. BAIERS					