948-269-96-00 Daytime Phone #

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0000001064 1. Entity Name AMFINITY BUSINESS SOLUTIONS, INC.									FILED PLECKETARY OF STATE PISION OF CORPORATIONS 03 MAR -3 PM 3:59		
Principal Place of Business 4400 PGA BOULEVARD 10TH FLOOR PALM BEACH GARDENS FL 33410				Mailing Address 755 W. BIG BEAVER SUITE 1700 TROY MI 48084 US							
2. Principal Place of Business				3. Mailing Address					* 110 H. 10		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State				City & State				4. FEI Number 39-1979503 Applied For Not Applicable			
Zip	Zip Country			Zip Coun			5. Certificate of Status Desired X \$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registere	stered Agent				7. Name and Address of New Registered Agent			
RENDEL, JEFFREY VP 4400 PGA BOULEVARD 10TH FLOOR PALM BEACH GARDENS FL 33410							Name NationsCorp Registered Agents, Inc Street Address (P.O. Box Number is Not Acceptable) 526 E. Park Avenue				
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											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Trust Fund Contribution. Added	May Be to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		OFFICERS AND URG, CRAIG A PRES. G BEAVER 18084	DIRECTO	Delete				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Add GDDD 1 3 2 8 4 4 6 6 03/03/0301002007 **158, 75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						E Et address -ST-Zip		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IDREW S TRES. G BEAVER 48084		□ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete			Joh 755	n V	man Change W. Burcham, II J. Big Beaver, Suite 1700 MI 48084	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	Addition	
indicated of the cor	on this reportion or the	rt or supplemental report is	true and wered to	accurate and that r execute this report	ny signat as requi	ture shall ha	ave the s	ame k	119.07(3)(i), Florida Statutes. I further certify that the ir legal effect as if made under oath; that I am an officer ida Statutes; and that my name appears in Block 10 or	or director	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: