


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000002991</b> 1. Entity Name <b>BONNIE PROPERTIES, INC.</b>	
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Principal Place of Business <b>P.O. BOX 71255 MADISON HEIGHTS, MI 48071</b>	Mailing Address <b>P.O. BOX 71255 MADISON HEIGHTS, MI 48071</b>
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01212006 No Chg-P CRZE034 (11/05)

4. FEI Number <b>38-3147210</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

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IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>STOTSKY, ALAN 400 ISLE OF PALMS FORT LAUDERDALE, FL 33301</b>
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6. 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 reinstalling) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD STOTSKY, ALAN W 400 ISLE OF PALMS FORT LAUDERDALE, FL 33301
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U00000401008  
02/02/06-80026-021 150.00

**DO NOT WRITE  
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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/23/06** Daytime Phone #