2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2007 08:00 AN Secretary of State

ANNUAL REPORT					Secretary of S4		
1. Entity Nam	MENT # F000000054	03			Se	cretary of St	
Principal Plac	e of Business	Mailing Address					
6204 LANSII Lansing, Mi	NG RD., US-27 48917	6204 LANSING RD., US-27 Lansing, MI 48917					
	7						
	O NOT WRITE			01292007	No Chg-P C	R2E034 (11/05)	
·, L	O NO! WHITE	IN INIS SPA	UE .	4. FEI Numb		Applied For Not Applicable	
•, •		Angen (1) Angen (1) Angen (1)			of Status Desired	\$9.75 Additional	
	6. Name and Address of Current Re	gistered Agent	333914	dia di	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]		
VENEMA, PHILIP J 1070 LAUREL RD # 154 NOKOMIS, FL 34275					NOT WRI THIS SPA		
	named entity submits this statement for thions of registered agent. Signature, typed or printed name of registered agent and			gistered agent, or bo		I am familiar with, and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIF	RECTORS		Bayyar 1	न्द्र <u>प्रविद्या</u> श्चिम		
NAME STREET ADDRESS CITY-SI-ZIP	CDPS VENEMA, PHILIP J 6204 LANSING RD., US-27 LANSING, MI 48917						
TITLE NAME STREET ADDRESS	ewelle, in teet				02/20/07-80	1295 042-008 150.00	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WR	TE	
TITLE		•			THIS SPA		

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: _

STREET ADDRESS
CITY-SI-ZIP
TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP
TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP
CITY-SI-ZIP

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07

Daytime Phone #