

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90214 008 ***150.00

DOCUMENT # F02000000332	
1. Entity Name COROTECH ACQUISITION CO.	



Principal Place of Business 803 IONIA AVE NW. GRAND RAPIDS, MI 49503	Mailing Address 803 IONIA AVE NW. GRAND RAPIDS, MI 49503
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2. Principal Place of Business 2979 Remico St SW Suite, Apt. #, etc.	3. Mailing Address 2979 Remico St. SW Suite, Apt. #, etc.
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City & State Grandville, MI	City & State Grandville, MI
Zip 49418	Country USA

100000000



04292006 Chg-P CR2E034 (11/05)

4. FEI Number 38-3636338	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEAN, JEFF 803 IONIA AVE. NE GRAND RAPIDS, MI 49503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 89 Monroe Center, NW Suite 300 Grand Rapids, MI 49503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FUSEE, KEN 803 IONIA AVE NW GRAND RAPIDS, MI 49503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2979 Remico St SW Grandville, MI 49418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEAN, JEFF 803 IONIA AVE NW GRAND RAPIDS, MI 49503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 89 Monroe Center, NW Suite 300 Grand Rapids, MI 49503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VISSER, LORI 803 IONIA AVE NW GRAND RAPIDS, MI 49503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 89 Monroe Center, NW Suite 300 Grand Rapids, MI 49503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ken Fusee* **4/20/06** **616-456-5552**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #