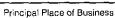
2008 FOR PROJET CORPORATION ANNUAL REPORT **DOCUMENT # F02000005597** PENSION ASSET MANAGEMENT, INC.

FILED Jan 31, 2008 08:00 Al Secretary of State



Mailing Address

21500 HAGGERTY, STE. 100 NORTHVILLE, MI 48167

21500 HAGGERTY, STE. 100 NORTHVILLE, MI 48167



						1 01232000	110
20	NOT	WRITE	IN	THIS	SPACE		

01232008 No Chg-P CR2E034 (11/05) Applied For

38-3033758

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Davime Phone #

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM

SIGNATURE:

DO NOT WRITE

	ION, FL 33324		IN THIS SPACE					
	named entity submits this statement for the pions of registered agent. Signature typed or printed name of registered agent and title			egistered agent, or bo	oth, in the State of Florida. Tam familiar with, and accept			
FIL After Ma	E NOWI!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ocing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS	1					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CP CAPOZZOLI, JOSEPH L 21500 HAGGERTY, STE. 100 NORTHVILLE, MI 48167 VP THOMPSON, GENE S 21500 HAGGERTY, STE. 100				U00000807780 02/07/08-80022-007 150.00			
STREET ADDRESS CITY-ST-ZIP TITLE	NORTHVILLE, MI 48167		{					
NAME STREET ADDRESS CITY-ST-ZIP	BURT, KATHLEEN 21500 HAGGERTY, STE. 100 NORTHVILLE, MI 48167		DO NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAPOZZOLI, PAMELA 21500 HAGGERTY, STE. 100 NORTHVILLE, MI 48167			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
indicated of the cor	certify that the information supplied with this form this report or supplemental report is true poration or the receiver or trustee empowere, or on an attachment with an address, with a	and accurate and that my signa d to execute this report as requi	emptions co iture shall ha ired by Chap	ntained in Chapter 11 ve the same legal effe oter 607, Florida Statut	 Florida Statutes. I further certify that the information act as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if 			

PEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR