2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000867

Entity Name: ILIST PLIPE LISA INC

City-St-Zip:

LIVONIA, MI 48152

FILED May 22, 2005 Secretary of State

Littly Nai	ille. 3031 FC	JRE USA, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
14900 EAST ORANGE LAKE BLVD. KISSIMMEE, FL 34747				14900 E. ORANGE LAKE BLVD., #228 KISSIMMEE, FL 34747	
Current M	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
14900 EAST ORANGE LAKE BLVD. KISSIMMEE, FL 34747			P.O. BOX 962 SOUTHFIELD, MI 480	P.O. BOX 962 SOUTHFIELD, MI 48037	
FEI Number:	: 41-2113603	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
VINSON, A. DAVID 14900 EAST ORANGE BLVD. KISSIMMEE, FL 34747 US			VINSON, A. DAVID 14900 E. ORANGE LA KISSIMMEE, FL 3474	VINSON, A. DAVID 14900 E. ORANGE LAKE BLVD., #28 KISSIMMEE, FL 34747 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:			05/22/2005	
	Electro	nic Signature of Registered Age	ent	Date	
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VINSON, A. DA	RANGE LAKE BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	JUST, GABRIE	RANGE LAKE BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LAUER, MARC	RANGE LAKE BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VP (WALSH, JOHN 35041 PEMBR		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: A. DAVID VINSON **CPST** 05/22/2005