


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000002772**

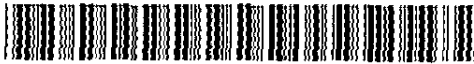
1. Entity Name  
**SUN QRS POOL 13, INC.**



Principal Place of Business  
**27777 FRANKLIN ROAD, STE. 200**  
**SOUTHFIELD, MI 48034**

Mailing Address  
**27777 FRANKLIN ROAD, STE. 200**  
**SOUTHFIELD, MI 48034**

**DO NOT WRITE IN THIS SPACE**



03102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1142735** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.**  
**2731 EXECUTIVE PARK DR, SUITE 4**  
**WESTON, FL 33331**

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B. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Sign above, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	CEOC
NAME	SHIFFMAN, GARY A
STREET ADDRESS	27777 FRANKLIN ROAD, STE. 200
CITY-ST-ZIP	SOUTHFIELD, MI 48034
TITLE	EVPS
NAME	JORISSEN, JEFFREY P
STREET ADDRESS	27777 FRANKLIN ROAD, STE. 200
CITY-ST-ZIP	SOUTHFIELD, MI 48034
TITLE	EVPC
NAME	FANNON, BRIAN W
STREET ADDRESS	27777 FRANKLIN ROAD, STE. 200
CITY-ST-ZIP	SOUTHFIELD, MI 48034
TITLE	EVPA
NAME	COLMAN, JONATHAN
STREET ADDRESS	27777 FRANKLIN ROAD, STE. 200
CITY-ST-ZIP	SOUTHFIELD, MI 48034
TITLE	D
NAME	LEWIS, CLUNET R
STREET ADDRESS	27777 FRANKLIN ROAD, STE. 200
CITY-ST-ZIP	SOUTHFIELD, MI 48034
TITLE	D
NAME	WEISS, ARTHUR A
STREET ADDRESS	27777 FRANKLIN ROAD, STE. 200
CITY-ST-ZIP	SOUTHFIELD, MI 48034

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 05/16/06-90045-018 150.00

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: Jeff Jorissen **JEFFREY P. JORISSEN** 4/24/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #