


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90005 018 ***150.00

DOCUMENT # F05000001426			
1. Entity Name INTERFIN, INC.			
Principal Place of Business 651 HUMMING BIRD LANE DELRAY BEACH, FL 33445		Mailing Address 651 HUMMING BIRD LANE DELRAY BEACH, FL 33445	
2. Principal Place of Business		3. Mailing Address 3230 DEVON BROOK DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Bloomfield Hills, MI	
Zip	Country	Zip 48302-1426	Country U.S.A.
6. Name and Address of Current Registered Agent MCPHARLIN, WM 651 HUMMING BIRD LANE DELRAY BEACH, FL 33445		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City FL	
Zip Code		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHARLIN, WILLIAM	NAME	
STREET ADDRESS	3230 DEVON BROOK DR.	STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 483021426	CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHARLIN, BARBARA	NAME	
STREET ADDRESS	3230 DEVON BROOK DR.	STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 483021426	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>William McPharlin</i> WILLIAM MCPHARLIN		Date: 2/3/6 Daytime Phone #: 248.333.3468	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	