

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002163

FILED
Apr 28, 2006
Secretary of State

Entity Name: WADE TRIM OPERATIONS SERVICES, INC.

Current Principal Place of Business:

39201 SCHOOLCRAFT ROAD, SUITE B-8
LIVONIA, MI 48150

New Principal Place of Business:

Current Mailing Address:

39201 SCHOOLCRAFT ROAD, SUITE B-8
LIVONIA, MI 48150

New Mailing Address:

FEI Number: 38-3293849 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRIM, JEFFREY D
4919 MEMORIAL HIGHWAY, SUITE 200
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: VAGO, DAVID
Address: 39201 SCHOOLCRAFT ROAD, SUITE B-8
City-St-Zip: LIVONIA, MI 48150

Title: VD () Delete
Name: COLEMAN, MARK
Address: 39201 SCHOOLCRAFT ROAD, SUITE B-8
City-St-Zip: LIVONIA, MI 48150

Title: VSD () Delete
Name: HAMILTON, REGINALD
Address: 39201 SCHOOLCRAFT ROAD, SUITE B-8
City-St-Zip: LIVONIA, MI 48150

Title: T () Delete
Name: PICANO, RALPH
Address: 39201 SCHOOLCRAFT ROAD, SUITE B-8
City-St-Zip: LIVONIA, MI 48150

Title: VSD () Delete
Name: HAMILTON, REGINALD
Address: 39201 SCHOOLCRAFT ROAD, SUITE B-8
City-St-Zip: LIVONIA, MI 48150

Title: D () Delete
Name: TRIM, JEFFREY D
Address: 39201 SCHOOLCRAFT ROAD, SUITE B-8
City-St-Zip: LIVONIA, MI 48150

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change () Addition
Name: PREVO, WILLIAM
Address: 39201 SCHOOLCRAFT ROAD, SUITE B-8
City-St-Zip: LIVONIA, MI 48150

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: RALPH PICANO

T

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date