2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000003090

1. Entity Name
COMMERCIAL FINANCIAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
7115 ORCHARD LAKE ROAD, SUITE 220 WEST BLOOMFIELD, MI 48322	7115 ORCHARD LAKE ROAD, SUITE 220 WEST BLOOMFIELD, MI 48322

DO NOT WRITE IN THIS SPACE

01182007   No Chg-P   CR2E034 (11/05)

4. FEI Number 38-2034895	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____
Signature typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2007 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	U00000608160 01/31/07-80066-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	CPST
NAME	ADELSON, ALLAN R
STREET ADDRESS	7115 ORCHARD LAKE ROAD, SUITE 220
CITY-ST-ZIP	WEST BLOOMFIELD, MI 48322

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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: _Allan Adelson_   01.19.07   (248) 932-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #