


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90230 041 ***150.00

DOCUMENT # F05000006036	
1. Entity Name DESIGN PLUS OF MI, INC.	

Principal Place of Business 201 IONIA SW GRAND RAPIDS, MI 49503	Mailing Address 201 IONIA SW GRAND RAPIDS, MI 49503
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50016784



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04212006 Chg-P CR2E034 (11/05)

4. FEI Number 38-2213417		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOPEZ, CESAR J 6518 APPALOOSA DR TAMPA, FL 33625		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C COHLMAN, VERNON 3108 COLCHESTER ADA, MI 49301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Cohlmán, Vernon C</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROODE, THOMAS 1850 KNAPP NE GRAND RAPIDS, MI 49505 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NICELY, CRAIG 3614 RED KEY DR. SW GRANDVILLE, MI 49418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>S</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEISS, JOHN 3177 HOAG NE GRAND RAPIDS, MI 49525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VANHAUM, THOMAS 2155 WATERBURY GRAND RAPIDS, MI 49508 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BALL, KATHLEEN 1818 JOHNSON MARNE, MI 49345 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kathleen Ball* **Kathleen Ball** **4/24/06** **616 4580875**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

500/6784

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Addendum to No. 11

Director	Jack DeBruin	2052 Watermark Dr, Grand Rapids, MI 49546
Director	James Wedeven	2478 Basswood, Jenison, MI 49428
Director	Peter Lazdins	11885 Garnsey Ave., Grand Haven, MI 49417
Director	James Horman	6000 Cascade Road SE, Grand Rapids, MI 49546
Director	Lorene Elzinga Roskamp	274 Greenbrier Dr, SE. Grand Rapids, MI 49546