

FILED
May 29, 2007 8:00 am
Secretary of State

04-30-2007 90820 030 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

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	
2. Principal Place of Business - No P.O. Box # 230 E. Fulton		3. Mailing Address 230 E. Fulton	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Grand Rapids MI		City & State Grand Rapids, MI	
Zip 49503		Zip 49503	
Country		Country	
4. FEI Number 38-2213417		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, CESAR J 6518 APPALOOSA DR TAMPA, FL 33625		7. Name and Address of New Registered Agent 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 renouncing) 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C OHLMAN, VERNON C 3108 COLCHESTER ADA, MI 49301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROODE, THOMAS 1850 KNAPP NE GRAND RAPIDS, MI 49505 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NICELY, CRAIG 3814 RED KEY DR. SW GRANDVILLE, MI 49418 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISS, JOHN 3177 HOAG NE GRAND RAPIDS, MI 49525 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORMAN, JAMES 6000 CASCADE RD SE GRAND RAPIDS, MI 49546 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALL, KATHLEEN 1818 JOHNSON MARNE, MI 49345 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>Kathleen Ball</u>		Date: <u>5/21/07</u> 616 4580875	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	