

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006036

Entity Name: DESIGN PLUS OF MI, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

230 E. FULTON
GRAND RAPIDS, MI 49503

New Principal Place of Business:

Current Mailing Address:

230 E. FULTON
GRAND RAPIDS, MI 49503

New Mailing Address:

FEI Number: 38-2213417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, CESAR J
6518 APPALOOSA DR
TAMPA, FL 33625 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROODE, THOMAS
Address: 1850 KNAPP NE
City-St-Zip: GRAND RAPIDS, MI 49505

Title: D () Delete
Name: NICELY, CRAIG
Address: 3614 KED KEY DR SW
City-St-Zip: GRANDVILLE, MI 49418

Title: PC () Delete
Name: WEISS, JOHN
Address: 3177 HOAG NE
City-St-Zip: GRAND RAPIDS, MI 49525

Title: D () Delete
Name: HORMAN, JAMES
Address: 6000 CASCADE RD SE
City-St-Zip: GRAND RAPIDS, MI 49546

Title: TS () Delete
Name: BALL, KATHLEEN
Address: 1818 JOHNSON
City-St-Zip: MARNE, MI 49345

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: NICELY, CRAIG
Address: 3614 RED KEY DR SW
City-St-Zip: GRANDVILLE, MI 49418

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: D () Change (X) Addition
Name: DEBRUIN, JACK
Address: 2052 WATERMARK DR.
City-St-Zip: GRAND RAPIDS, MI 49546

I hereby certify that the information supplied with this filing does not qualify 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: KATHLEEN BALL

TS

05/01/2009

Electronic Signature of Signing Officer or Director

Date