2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # F05000006910 1. Entity Name COMMERCIAL PROPERTY INVESTMENTS OF MICHIGAN, INC. Principal Place of Business Mailing Address 1120 GALLEON DR 1120 GALLEON DR NAPLES, FL 34102 NAPLES, FL 34102 02182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 38-3074180 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent POTESTIO, FRANK PAUL DO NOT WRITE 1120 GALLEON DR NAPLES, FL 34102 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. THE POTESTIO, FRANK PAUL NAME 1120 GALLEON DR STREET ADDRESS NAPLES, FL 34102 CITY-ST-ZIP U00000541143 05/10/06-80045-017 150.00 TIRE NAME STREET ADDRESS City - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied ental 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 empowers the property of the corporation or the receiver or trustee empowers the property of the corporation of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of t changed, or on an attach

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP