

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90105 007 ***150.00

DOCUMENT # F06000005163	
1. Entity Name SPEEDSHELF SYSTEMS, INC.	

Principal Place of Business 21341 HILLTOP ST SMITHFIELD MI 48034	Mailing Address 21341 HILLTOP ST SMITHFIELD MI 48034
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2. Principal Place of Business - No P.O. Box # 21341 Hilltop St Suite, Apt. #, etc.	3. Mailing Address 21341 Hilltop St Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State Southfield, MI	City & State Southfield, MI	4. FEI Number 38-2217748	Applied For <input type="checkbox"/> Not Applicable
Zip 48033	Country USA	Zip 48033	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE FL 33470
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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 reinstating.) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	
TITLE NAME STREET ADDRESS CITY ST ZIP	P LUEDKE, CRAIG 21341 HILLTOP STREET SOUTHFIELD MI 48034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	V LOISELLE, MIKE 21341 HILLTOP STREET SOUTHFIELD MI 48034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	S ANSELMO, TED 21341 HILLTOP STREET SOUTHFIELD MI 48034 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Section 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: _____ Date: 1/23/07 Daytime Phone #: 248-356-6300