

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90047 024 ***150.00



DOCUMENT # F06000005163

1. Entity Name
 SPEEDSHELF SYSTEMS, INC.

Principal Place of Business
 21341 HILLTOP ST
 SOUTHFIELD, MI 48033

Mailing Address
 21341 HILLTOP ST
 SOUTHFIELD, MI 48033



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 38-2217748

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

INCORP-SERVICES, INC.
 17888 67TH COURT NORTH
 LOXAHATCHEE, FL 33470

DO NOT WRITE IN THIS SPACE

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/29/08
 DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LUEDKE, CRAIG
STREET ADDRESS	21341 HILLTOP STREET
CITY- ST- ZIP	SOUTHFIELD, MI 48034
TITLE	V
NAME	LOISELLE, MIKE
STREET ADDRESS	21341 HILLTOP STREET
CITY- ST- ZIP	SOUTHFIELD, MI 48034
TITLE	T
NAME	<i>Craig Thomas</i>
STREET ADDRESS	<i>21341 Hilltop Street</i>
CITY- ST- ZIP	<i>Southfield, MI 48034</i>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/08
 DATE

DATE

DAYTIME PHONE #