


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2007 8:00 am**  
**Secretary of State**

08-09-2007 90054 034 \*\*\*150.00

<b>DOCUMENT # F06000005282</b> 1. Entity Name GREAT LAKES ELECTRONICS/ALMET, INC.					
Principal Place of Business 411 SOUTH OLD WOODWARD BIRMINGHAM, MI 48009			Mailing Address 411 SOUTH OLD WOODWARD BIRMINGHAM, MI 48009		
2. Principal Place of Business - No P.O. Box # <b>407 FLOMICH STREET</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>HOLLY HILL, FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>20-5272892</b>	
Zip <b>32117</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name <b>DANIEL S. ZACK</b> Street Address (P.O. Box Number is Not Acceptable) <b>1590 GARDEN AVENUE</b> City <b>HOLLY HILL</b> <b>FL</b> Zip Code <b>32117</b>		
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 <u><b>Daniel S. Zack, VP</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP ZACK, NATHAN A 411 SOUTH OLD WOODWARD BIRMINGHAM, MI 48009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ZACK, DANIEL S. 1590 GARDEN AVENUE HOLLY HILL, FL 32117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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><b>Daniel S. ZACK</b></u> <b>08-06-2007</b> <b>386-673-1281</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# 2208