

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002701

FILED
Mar 15, 2011
Secretary of State

Entity Name: THE MIDNIGHT GOLF PROGRAM, INC.

Current Principal Place of Business:

30100 TELEGRAPH
SUITE 320
BINGAM FARMS, MI 48025

New Principal Place of Business:

Current Mailing Address:

PO BOX 31-1830
DETROIT, MI 48231

New Mailing Address:

FEI Number: 38-3580432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHER, MARQUS
4715 NW 157TH ST SUITE 119
HIALEAH, FL 33014 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

OFFICERS AND DIRECTORS:

Title: C
Name: CURRY, HAROLD G
Address: 645 GRISWOLD SUITE 700
City-St-Zip: DETROIT, MI 48226

Title: D
Name: FLUKER, RENEE
Address: 30100 TELEGRAPH SUITE 320
City-St-Zip: BINGAM FARMS, MI 48025

Title: D
Name: GAMLIN, DAVID J
Address: 20134 COVINGTON PARKWAY
City-St-Zip: SOUTHFIELD, MI 48076

Title: D
Name: AMBROSE, JOHN
Address: 250 HANNAH
City-St-Zip: EAST LANSING, MI 388240590

Title: D
Name: SMITH, TAMARA T
Address: 17117 W NINE MILE RD SUITE 1004
City-St-Zip: SOUTHFIELD, MI 48075

Title: D
Name: GRANT, CHARLIE J JR
Address: 12680 WESTWOOD
City-St-Zip: DETROIT, MI 48223

I hereby 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 all other like empowered.

SIGNATURE: HAROLD G. CURRY

C

03/15/2011

Electronic Signature of Signing Officer or Director

Date