2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F93000000610

1. Entity Name
DETROIT TIGERS, INC.

Principal Place of Business	Mailing Address
FOX OFFICE CENTER	FOX OFFICE CENTER
2211 WOODWARD AVENUE	2211 WOODWARD AVENUE
DETROIT, MI 48201-3400	DETROIT, MI 48201-3400

DO NOT WRITE IN THIS SPACE

04072006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
38-3060780	Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	DS
NAME	ILITCH, MICHAEL
STREET ADDRESS	2211 WOODWARD AVENUE
CITY-ST-ZIP	DETROIT, MI 482013400

TITLE	P
NAME	DOMBROWSKI, DAVID
STREET ADDRESS	2211 WOODWARD AVENUE
CITY-ST-ZIP	DETROIT, MI 482013400

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000528215
05/05/06-80029-014 150.00

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: _David Dombrowski_ _David Dombrowski_ 04/17/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #