



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # F93000003672 1. Entity Name MASTER KEY NORTHERN, INC.	
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Principal Place of Business 2580 WEST ELLSWORTH ROAD ANN ARBOR, MI 48108	Mailing Address 2580 WEST ELLSWORTH ROAD ANN ARBOR, MI 48108
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DO NOT WRITE IN THIS SPACE

	
01082007	No Chg-P CR2E034 (11/05)
4. FEI Number 38-2528825	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KIMPTON, WILLIAM J 28059 U.S. HIGHWAY 19 NORTH STE. 100 CLEARWATER, FL 34621
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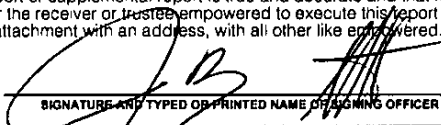
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000593944 01/22/07-80051-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAMMATICO, DANIEL C 2580 W. ELLSWORTH ROAD ANN ARBOR, MI 48108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAMMATICO, JOSEPH J 2580 W. ELLSWORTH ROAD ANN ARBOR, MI 48108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRAMMATICO, THEODORE 2580 W. ELLSWORTH ROAD ANN ARBOR, MI 48108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAMMATICO, JOSEPH B 2580 W. ELLSWORTH ROAD ANN ARBOR, MI 48108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 _____	Date _____	Daytime Phone # _____