


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90032 006 ***158.75

DOCUMENT # F95000001385 1. Entity Name WILSON, KEMP & ASSOCIATES, INC.	
---	---

Principal Place of Business 400 RENAISSANCE CENTER, SUITE 2155 DETROIT, MI 48243	Mailing Address 400 RENAISSANCE CENTER, SUITE 2155 DETROIT, MI 48243
--	--

DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 38-1878151	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOGGERHEAD ASSOCIATES, LTD 14255 US HIGHWAY ONE STE. 208 NORTH PALM BEACH, FL 33408

**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.

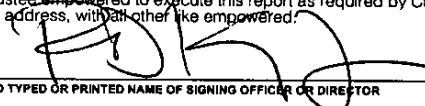
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT WILSON, THOMAS A 400 RENAISSANCE CENTER, SUITE 2155 DETROIT, MI 48243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KEMP, ROBERT D JR. 400 RENAISSANCE CENTER, SUITE 2155 DETROIT, MI 48243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUZENS, FRANK 400 RENAISSANCE CENTER, SUITE 2155 DETROIT, MI 48243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY, E. MARK III 400 RENAISSANCE CENTER, SUITE 2155 DETROIT, MI 48243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chang, Enrique 400 Renaissance Center, Ste Detroit, MI 48243 2155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Moran, Joseph A. 400 Renaissance Ctr., Ste 2155 Detroit, MI 48243

**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:  **1-11-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #