

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001323

FILED
Jan 18, 2006
Secretary of State

Entity Name: OFFICE DETAILS INC.

Current Principal Place of Business:

6100 EAST PARIS AVENUE
CALEDONIA, MI 49316

New Principal Place of Business:

Current Mailing Address:

901 44TH STREET SE
P.O. BOX 1967 (TAX DEPT)
GRAND RAPIDS, MI 49501 US

New Mailing Address:

FEI Number: 38-3254746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: KLIPA, EDMUND X
Address: 6100 EAST PARIS AVENUE
City-St-Zip: CALEDONIA, MI 49316

Title: T () Delete
Name: KEANE, JAMES P
Address: 901 44TH STREET
City-St-Zip: GRAND RAPIDS, MI 49508

Title: S () Delete
Name: BOTSFORD, JON D
Address: 901 44TH STREET SE
City-St-Zip: GRAND RAPIDS, MI 49508

Title: VP () Delete
Name: JENNINGS, TERESA
Address: 25 OTTAWA S.W.
City-St-Zip: GRAND RAPIDS, MI 49503

Title: SVP () Delete
Name: FRACKT, MARVIN
Address: 3131 MCKINNEY AVE, SUTIE 300
City-St-Zip: DALLAS, TX 75204

Title: AS () Delete
Name: DAYTON, SHEILA C
Address: 901 44TH STREET SE
City-St-Zip: GRAND RAPIDS, MI 49508

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MALBURG, GARY P
Address: 901 44TH STREET
City-St-Zip: GRAND RAPIDS, MI 49508

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WINKS, KURT
Address: 6100 EAST PARIS
City-St-Zip: CALEDONIA, MI 49316

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY P. MALBURG

T

01/18/2006

Electronic Signature of Signing Officer or Director

_____ Date