


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000000380</b>	
1. Entity Name <b>AFFORDABLE LIVING, INC. - MHP</b>	

Principal Place of Business <b>1750 S TELEGRAPH ROAD SUITE 301A BLOOMFIELD HILLS, MI 48302</b>	Mailing Address <b>1750 S TELEGRAPH ROAD SUITE 301A BLOOMFIELD HILLS, MI 48302</b>
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04262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>38-3263637</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LUDIN, ERIC 13577 FEATHER SOUND DRIVE STE 300 CLEARWATER, FL 33762</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP ROSENZWEIG, JACK 1750 S TELEGRAPH ROAD SUITE 301A BLOOMFIELD HILLS, MI 48302
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DOVITZ, CLIFFORD J 1750 S TELEGRAPH ROAD SUITE 301A BLOOMFIELD HILLS, MI 48302
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROSENZWEIG, MARC 1750 S TELEGRAPH ROAD SUITE 301A BLOOMFIELD HILLS, MI 48302
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ROSENZWEIG, TODD 1750 S TELEGRAPH ROAD SUITE 301A BLOOMFIELD HILLS, MI 48302
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:  **4/29/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone