
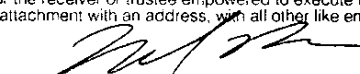


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90015 014 \*\*\*150.00

<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>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>LUDIN, ERIC 13577 FEATHER SOUND DRIVE STE 300 CLEARWATER, FL 33762</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when translating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP <b>ROSENZWEIG, JACK</b> <b>1750 S TELEGRAPH ROAD SUITE 301A</b> <b>BLOOMFIELD HILLS, MI 48302</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>new suite # 106</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>DOVITZ, CLIFFORD J</b> <b>1750 S TELEGRAPH ROAD SUITE 301A</b> <b>BLOOMFIELD HILLS, MI 48302</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>suite # 106</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>ROSENZWEIG, MARC</b> <b>1750 S TELEGRAPH ROAD SUITE 301A</b> <b>BLOOMFIELD HILLS, MI 48302</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>suite # 106</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>ROSENZWEIG, TODD</b> <b>1750 S TELEGRAPH ROAD SUITE 301A</b> <b>BLOOMFIELD HILLS, MI 48302</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SUITE # 106</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  <b>TODD ROSENZWEIG, TREASURER</b> 4/18/08 (298) 758-2140 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40099337



04182008 Chg-P CR2E034 (12/06)

4. FEI Number  
**38-3263637**  
Applied For  
Not Applicable

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