

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F97000005918

1. Entity Name
EXHIBIT WORKS, INC.



**FILED
Aug 22, 2005 8:00 am
Secretary of State**

08-22-2005 90062 033 ***550.00

Principal Place of Business
13211 MERRIMAN
LIVONIA, MI 48150

Mailing Address

13211 MERRIMAN
LIVONIA, MI 48150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07152005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
38-2259644

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 restating)

DATE

**Fee is \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|---|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SILVIO, DOMINIC 13211 MERRIMAN LIVONIA, MI 48150 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Sales Jeffrey Byrne 13211 Merriman Livonia, MI 48150 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MARAONE, MICHAEL F 13211 MERRIMAN LIVONIA, MI 48150 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | COO Hammond, Thomas 13211 Merriman Livonia, MI 48150 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROWN, DAVID A 13211 MERRIMAN LIVONIA, MI 48150 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President of PW Division Price, Ralph 13211 Merriman Livonia, MI 48150 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PITCHER, DAVID J 13211 MERRIMAN LIVONIA, MI 48150 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP International Kern, Gerald 13211 Merriman Livonia, MI 48150 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOCKARD, MICHAEL 13211 MERRIMAN LIVONIA, MI 48150 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Automotive Croke, Michael 13211 Merriman Livonia, MI 48150 | <input type="checkbox"/> Change <input checked="" 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 exemption stated in Section 119.07(3)(i), 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: M. F. MARAONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFO

8/15/05

Date

734-525-9010

Daytime Phone #