2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000005918

1. Entity Name
EXHIBIT WORKS, INC.

Principal Place of Business	Mailing Address
13211 MERRIMAN LIVONIA, MI 48150	13211 MERRIMAN LIVONIA, MI 48150

U00000570207
07/14/06-80003-019 150.00

07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-2259644
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SILVIO, DOMINIC
STREET ADDRESS	13211 MERRIMAN
CITY-ST-ZIP	LIVONIA, MI 48150
TITLE	SD
NAME	MARAONE, MICHAEL F
STREET ADDRESS	13211 MERRIMAN
CITY-ST-ZIP	LIVONIA, MI 48150
TITLE	D
NAME	BROWN, DAVID A
STREET ADDRESS	13211 MERRIMAN
CITY-ST-ZIP	LIVONIA, MI 48150
TITLE	VPS
NAME	BYRNE, JEFFREY
STREET ADDRESS	13211 MERRIMAN
CITY-ST-ZIP	LIVONIA, MI 48150
TITLE	COO
NAME	HAMOND, THOMAS
STREET ADDRESS	13211 MERRIMAN
CITY-ST-ZIP	LIVONIA, MI 48150
TITLE	PPWD
NAME	PRICE, RALPH
STREET ADDRESS	13211 MERRIMAN
CITY-ST-ZIP	LIVONIA, MI 48150

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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: _____ 7/7/06 734-525-9010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #