

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006893

FILED
Mar 21, 2007
Secretary of State

Entity Name: SALLY FOSTER, INC.

Current Principal Place of Business:

1414 E. MAPLE ROAD
TROY, MI 480834019

New Principal Place of Business:

Current Mailing Address:

1414 E. MAPLE ROAD
TROY, MI 480834019

New Mailing Address:

FEI Number: 38-3084766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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 () Delete
Name: BITTKER, ALAN
Address: 1414 E MAPLE RD.
City-St-Zip: TROY, MI 48083

Title: EVP () Delete
Name: PETRY, KEVIN
Address: 1414 E MAPLE RD.
City-St-Zip: TROY, MI 48083

Title: S () Delete
Name: CLEVELAND, CAMILLE
Address: 1414 E MAPLE RD.
City-St-Zip: TROY, MI 48083

Title: T () Delete
Name: GODCH, JAMES
Address: 1414 E MAPLE RD.
City-St-Zip: TROY, MI 48083

Title: AT () Delete
Name: BERRY, SANDY
Address: 1414 E MAPLE RD.
City-St-Zip: TROY, MI 48083

Title: TMGR (X) Delete
Name: YUERGENS, CYRIL
Address: 1414 E MAPLE RD
City-St-Zip: TROY, MI 48083

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RIVERS, MARY ANN
Address: 1414 E MAPLE RD.
City-St-Zip: TROY, MI 48083

Title: EVP (X) Change () Addition
Name: AUFDEMBERG, ANGELA
Address: 1414 E MAPLE RD.
City-St-Zip: TROY, MI 48083

Title: S (X) Change () Addition
Name: O'BRIEN, GAIL
Address: 1414 E MAPLE RD.
City-St-Zip: TROY, MI 48083

Title: T (X) Change () Addition
Name: PERIARD, MICHAEL
Address: 1414 E MAPLE RD.
City-St-Zip: TROY, MI 48083

Title: CAT (X) Change () Addition
Name: HORTON, CHANTELL
Address: 1414 E MAPLE RD.
City-St-Zip: TROY, MI 48083

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: CHANTELL HORTON

CAT

03/21/2007

Electronic Signature of Signing Officer or Director

_____ Date