
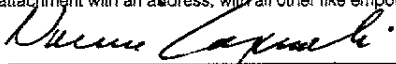


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000006949</b>		
1. Entity Name POSEN CONSTRUCTION, INC.		
Principal Place of Business 50500 DESIGN LANE SHELBY TOWNSHIP, MI 48315		Mailing Address 50500 DESIGN LANE SHELBY TOWNSHIP, MI 48315
<b>DO NOT WRITE IN THIS SPACE</b>		
		04272006 No Chg-P CR2E034 (11/05)
		4. FEI Number 38-2297532
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PC	
NAME	ZAPCZYNSKI, NORMAN	
STREET ADDRESS	32841 N. RIVER ROAD	
CITY- ST- ZIP	HARRISON TWP., MI 48045	
TITLE	VT	
NAME	ZAPCZYNSKI, KENNETH	
STREET ADDRESS	5200 CRYSTAL CREEK LANE	
CITY- ST- ZIP	WASHINGTON, MI 48094	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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: 		4-27-06 586 731-8442
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>