

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # F98000002845 1. Entity Name CALI CORP. - COVINGTON ESTATES	
---	---

Principal Place of Business ATTN:TAX DEPT. 2701 CAMBRIDGE CT #300 AUBURN HILLS, MI 48326	Mailing Address ATTN:TAX DEPT. 2701 CAMBRIDGE CT #300 AUBURN HILLS, MI 48326
--	--



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3411112	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEE, RICHARD P ESQ 106 E COLLEGE AVE 1200 TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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)

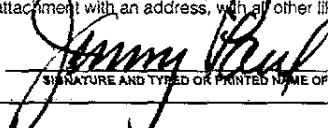
**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COLLINS, JOHN J JR 2701 CAMBRIDGE CT #300 AUBURN HILLS, MI 48326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT PAUL, JIMMY 2701 CAMBRIDGE CT #300 AUBURN HILLS, MI 48326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VANROEMDONICK, LAURIE 2701 CAMBRIDGE COURT #300 AUBURN HILLS, MI 48326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **1/4/06** **248-340-7753**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #