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	Mailing Address
ATTN:TAX DEPT. 2701 CAMBRIDGE CT #300 AUBURN HILLS, MI 48326	ATTN:TAX DEPT. 2701 CAMBRIDGE CT #300 AUBURN HILLS, MI 48326

DO NOT WRITE IN THIS SPACE

01062006 No Chg-P CR2E034 (11/05)

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

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

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05/05/06-80098-012 150.00

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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: Jimmy Paul 1/6/06 248-340-7753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #