

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005069

FILED  
Mar 26, 2008  
Secretary of State

Entity Name: ORLANDO GAS PRODUCERS, INC.

## Current Principal Place of Business:

425 SOUTH MAIN STREET, SUITE 201  
ANN ARBOR, MI 48104

## New Principal Place of Business:

## Current Mailing Address:

425 SOUTH MAIN STREET, SUITE 201  
ANN ARBOR, MI 48104

## New Mailing Address:

FEI Number: 38-3274176

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CEO ( ) Delete  
Name: BROWN, CHRISTOPHER J  
Address: 425 SOUTH MAIN STREET, SUITE 201  
City-St-Zip: ANN ARBOR, MI 48104

Title: P ( ) Delete  
Name: COUSINO, MARK  
Address: 425 SOUTH MAIN STREET, SUITE 201  
City-St-Zip: ANN ARBOR, MI 48104

Title: VPF ( ) Delete  
Name: RIGBY, MARK  
Address: 414 S. MAIN STREET, SUITE 600  
City-St-Zip: ANN ARBOR, MI 48104

Title: D ( ) Delete  
Name: ENNIS, SANDRA K  
Address: 2000 SECOND AVE.  
City-St-Zip: DETROIT, MI 48226

Title: D ( ) Delete  
Name: EARLEY, ANTHONY F JR  
Address: 2000 SECOND AVE.  
City-St-Zip: DETROIT, MI 48226

Title: D ( ) Delete  
Name: MEADOR, DAVID E  
Address: 2000 SECOND AVE.  
City-St-Zip: DETROIT, MI 48226

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TRS (X) Change ( ) Addition  
Name: KHOURI, NICK  
Address: 2000 SECOND AVENUE  
City-St-Zip: DETROIT, MI 48226

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARK J. COUSINO

PRES

03/26/2008

Electronic Signature of Signing Officer or Director

Date