2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007
Secretary of State

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Entity Name: ESCAMBIA 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: 38-3339438 **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: C ( ) Delete
Name: ANDERSON, GERARD M
Address: 425 SOUTH MAIN STREET, SUITE 201
City-St-Zip: ANN ARBOR, MI 48104

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

Title: D ( ) Delete
Name: ENNIS, SANDRA K
Address: 2000 2ND AVE
City-St-Zip: DETROIT, MI 48226

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

Title: D ( ) Delete
Name: EARLEY, ANTHONY F JR
Address: 2000 2ND AVE
City-St-Zip: DETROIT, MI 48226

Title: D ( ) Delete
Name: MEADOR, DAVID E
Address: 2000 2ND AVE.
City-St-Zip: DETROIT, MI 48226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: BROWN, CHRISTOPHER J
Address: 425 SOUTH MAIN STREET, SUITE 201
City-St-Zip: ANN ARBOR, MI 48104

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

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

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 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 COUSINO P 03/26/2007

Electronic Signature of Signing Officer or Director Date