


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # G89444	
1. Entity Name PICO SOUTH, INC.	

Principal Place of Business 27145 SHERATON DR NOVI, MI 48377 US	Mailing Address 27145 SHERATON DR NOVI, MI 48377 US
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2490338	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMON, ROBERT L JR
390 N ORANGE AVENUE SUITE 1500
ORLANDO, FL 32801

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P, D
NAME	WISNE, ALAN L
STREET ADDRESS	600 SAN MARCOS DRIVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33301
TITLE	ST
NAME	DAVIS, JAMES E
STREET ADDRESS	27145 SHERATON DRIVE
CITY-ST-ZIP	NOVI, MI 483773318
TITLE	VP, D
NAME	WISNE, LAWRENCE
STREET ADDRESS	27145 SHERATON DRIVE
CITY-ST-ZIP	NOVI, MI 483773318
TITLE	VP, D
NAME	WISNE, JOSEPH
STREET ADDRESS	12280 DIXIE ROAD
CITY-ST-ZIP	REDFORD, MI 48239
TITLE	VP, D
NAME	WISNE, TONI A
STREET ADDRESS	27145 SHERATON DRIVE
CITY-ST-ZIP	NOVI, MI 483773318
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/07-80031-011 150.00

**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:

James E Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/07