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Secretary of State

02-27-2006 90063 048 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000005325

1. Entity Name
HASTINGS STREET INC.

Principal Place of Business	Mailing Address
626 GULF SHORE BLVD. SOUTH NAPLES, FL 34102	38500 WOODWARD AVENUE SUITE 310 BLOOMFIELD HILLS, MI 48304

01242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
21 E. Long Lake Rd.		21 E. Long Lake Rd.	
Suite, Apt. #, etc.: STE. 100		Suite, Apt. #, etc.: STE. 100	
City & State: Bloomfield Hills, MI		City & State: Bloomfield Hills, MI	
Zip: 48304	Country	Zip: 48304	Country

4. FEI Number: 31-1694991 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARONOFF, JANET
626 GULF SHORE BLVD. SOUTH
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name: CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
City: TALLAHASSEE FL Zip Code: 32301

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] Jeanine Reynolds as its agent DATE: 2-17-06

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PS	☐ Delete	TITLE	PS	☐ Change ☐ Addition
NAME	ARONOFF, DANIEL J		NAME	Aronoff, Daniel J	
STREET ADDRESS	38500 WOODWARD AVENUE, SUITE 310		STREET ADDRESS	21 E. Long Lake Rd. STE 100	
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304		CITY-ST-ZIP	Bloomfield Hills, MI 48304	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] DANiel Aronoff 2/20/06 248-642-0190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #