## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2005 8:00 am Secretary of State

DOCU  1. Entity Nam  PRESIDI					04-26-2005	•	01 ***90	00.00		
Principal Plac	e of Business	Mailing Address								
755 W. BIG BEAVER RD., STE. 1700 TROY, MI 48084		755 W. BIG BEAVER RD., STE. 1700 TROY, MI 48084			4 ITGI/GTI (1) G		** 48118 (J <b>ES</b> ) ét <b>S</b>	12111 4 2 4 4 5	M444444 (2 1 <b>8 S</b> T	
2. Principal Place of Business		3. Mailing Address								
		or Mailing Address					<b>i i i</b> i i i i i i i i i i i i i i i i			F#1013
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04132005	Chg-P	CR2E03	34 (10/03)	ı	
City & State		City & State			4. FEI Number 65-1087			<del>- 1</del>	pplied For ot Applicable	
Zip	Country	Zip	Count	try		5. Certificate o	f Status Desired		<b>8.75</b> Ad	
	6. Name and Address of Curren	t Registered Agent				7. Name and	Address of New R		<u>.                                </u>	
LAUDIE ANDREA				Name Incorporating Services, Ltd.						
LAURIE, ANDREA 2780 HORSESHOE DR S #7 NAPLES, FL 34104				Street Address (P.O. Box Number is Not Acceptable) 2855 Apalachee Parkway						
MAP 223, 12 34104				Bldg.	. А,	Suite 16	5			
•				City Talla	ahass	see ·		FL	3239	
the obligat	named entity submits this statement fi	or the purpose of changing its	registere	ed office or r	registere	d agent, or both	, in the State of Flo	orida. I am fa	miliar with	, and accept
SIGNATURE_	Signature, typed or printed name of registered agen	and title il applicable. (NOTE	: Registered	d Agent signature	a required v	reinstating)		DATE	- 10	<u> </u>
FILE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution.   Added to Fees						-				
10.	OFFICERS AND	DIRECTORS	11.	,		ADDITIONS/C	HANGES TO OFF	0500 4110		
TITLE NAME	D :	☑ Delete	TITLE		PTD Crai	a A. Vi	anderbur		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREE	ET ADDRESS	Crai 755	g A. V. W. Big	anderbur Beaver, 8084		Change	Addition
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12. I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05 (248) 269-9600

Daytime Phone #