


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000108993 1. Entity Name FOUR SEASONS HOUSING CORP.	
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Principal Place of Business 555 S OLD WOODWARD #1209 BIRMINGHAM, MI 48009	Mailing Address 555 S OLD WOODWARD #1209 BIRMINGHAM, MI 48009
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DO NOT WRITE IN THIS SPACE



05132005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0602823	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MURPHY, YVETTE G ESQ 3250 MARY STREET STE 302 MIAMI, FL 33133	DO NOT WRITE IN THIS SPACE
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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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MCDANIEL, JACKSON 555 S. OLD WOODWARD, SUITE 1209 BIRMINGHAM, MI 48009
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**DO NOT WRITE
IN THIS SPACE**

U00000367622
05/19/05-80002-027 150.00

12. I hereby 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: 	Date 5-16-05	Daytime Phone # 248/593-0778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		