


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000128288</b>	
1. Entity Name 101 BUSINESS CENTER, INC.	

Principal Place of Business 21500 HAGGERTY ROAD SUITE 100 NORTHVILLE, MI 48167	Mailing Address 21500 HAGGERTY ROAD SUITE 100 NORTHVILLE, MI 48167
---	---

**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-4225194	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
--

**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAPOZZOLI, JOE 21500 HAGGERTY RD #100 NORTHVILLE, MI 48167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, GENE S 21500 HAGGERTY RD #100 NORTHVILLE, MI 48167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAPOZZOLI, PAMELA 21500 HAGGERTY RD #100 NORTHVILLE, MI 48167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURT, KATHLEEN J 21500 HAGGERTY RD #100 NORTHVILLE, MI 48167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000640506  
02/28/07-80068-010 150.00

**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:** Joe Capozzoli 2-12-07 248-305-8900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #