



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P04777			
1. Entity Name SANBREEN COMPANY			
Principal Place of Business 1000 S OLD WOODWARD AVE STE 201 BIRMINGHAM, MI 48009-796 US		Mailing Address 1000 S OLD WOODWARD AVE STE 201 BIRMINGHAM, MI 48009-796 US	
DO NOT WRITE IN THIS SPACE			
		01032005	
		4. FEI Number 38-2174805	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75	
6. Name and Address of Current Registered Agent JOSEPH SAVIN 3316 GRIFFIN ROAD FORT LAUDERDALE, FL 33312		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE UD00000368715 05/31/05-80012-018 558.75	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD RIVKIN, BERNARD 1000 S OLD WOODWARD AVE, STE 201 BIRMINGHAM, MI 480096796		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD SAVIN, JOSEPH 1000 S OLD WOODWARD AVE, STE 201 BIRMINGHAM, MI 480096796		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD MUNCY, WILMA 1000 S OLD WOODWARD AVE, STE 201 BIRMINGHAM, MI 480096796		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Wilma Muncy</i>		5/25/05 248-647-3250	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	