


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90336 013 \*\*\*150.00

<b>DOCUMENT # P05000132619</b>	
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1. Entity Name  
**BINGHAM INVESTMENTS INC.**

Principal Place of Business  
**1992 BONNIE CT.  
DUNEDIN, FL 34697**

Mailing Address  
**1992 BONNIE CT.  
DUNEDIN, FL 34697**

2. Principal Place of Business  
**6137 ROCKROSS AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**6137 ROCKROSS AVE**  
Suite, Apt. #, etc.

City & State  
**NEW PORT RICHEY FL**  
Zip  
**34655**  
Country  
**PA5EC**

City & State  
**NEW PORT RICHEY FL**  
Zip  
**34655**  
Country  
**PA5CO**

04212006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20 3544557**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOLEK, RICHARD A  
1992 BONNIE CT.  
DUNEDIN, FL 34697**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**6137 ROCKROSS AVE**  
City  
**NEW PORT RICHEY FL** Zip Code  
**34655**

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: *Richard A. Bolek* *RICHARD A. BOLEK SEC* *4/21/06*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**P  
JONES, LAWRENCE E  
815 PINE TREE RD.  
LAKE ORION, MI 48362** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VP  
JOHNSON, CHARLES S  
494 FIKE RD  
SANFORD, MI 48657** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VP  
BINGHAM, MICHELLE K  
494 FIKE RD  
SANFORD, MI 48657** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**S  
BOLEK, RICHARD A  
1992 BONNIE CT.  
DUNEDIN, FL 34697** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☒ Change ☐ Addition  
**6137 ROCKROSS AVE  
NEW PORT RICHEY FL 34655**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

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: *Richard A. Bolek* *RICHARD A. BOLEK, SEC* *4/21/06* **727 939-3333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #