


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06611</b> 1. Entity Name WATERFRONT MOTELS, INC.	
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Principal Place of Business 121 W LONG LAKE RD THIRD FLOOR BLOOMFIELD HILLS, MI 48304-2720	Mailing Address 121 W LONG LAKE RD THIRD FLOOR BLOOMFIELD HILLS, MI 48304-2720
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02082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 38-2601370	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD KAUFMAN, STUART 121 W LONG LAKE RD, THIRD FLR BLOOMFIELD HILLS, MI 483042720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RANDS, DALE G. 121 W LONG LAKE RD, THIRD FLR BLOOMFIELD HILLS, MI 483042720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SIMON, ELWOOD 255 S WOODWARD AVE, STE 250 BLOOMFIELD HILLS, MI 48009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000140333 03/02/06-80039-009 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.

<b>SIGNATURE:</b> <i>Dale G. Rands</i> Dale G. Rands, President	2-13-06 248-645-1600 Date Daytime Phone #
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