


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90016 026 ***150.00

DOCUMENT # P18975

1. Entity Name
 MT. PLYMOUTH PLAZA, INC.



Principal Place of Business Mailing Address
 2960 ORCHARD PLACE 2960 ORCHARD PLACE
 ORCHARD LAKE, MI 48324 ORCHARD LAKE, MI 48324



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01252006 Chg-P CR2E034 (11/05)

City & State City & State

4. FEI Number Applied For
 38-2695062 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 WARD, HAROLD A., III
 250 PARK AVENUE SOUTH
 BANK OF AMERICA BUILDING
 WINTER PARK, FL 32789

7. Name and Address of New Registered Agent
 Name W+WW, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
390 N. Orange Avenue
Suite 1500
 City Orlando FL Zip Code 32801

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 By: *James M. R. Kellam*, Vice President DATE 2/13/06

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	PD <input type="checkbox"/> Delete
NAME	KELLAM, DOLORES M. R.
STREET ADDRESS	2960 ORCHARD PLACE
CITY-ST-ZIP	ORCHARD LAKE, MI
TITLE	V <input type="checkbox"/> Delete
NAME	KELLAM, DAVID A.
STREET ADDRESS	2960 ORCHARD PLACE
CITY-ST-ZIP	ORCHARD LAKE, MI
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *James M. R. Kellam* DATE 2/23/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #