2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 16, 2008 8:00 am Secretary of State **DOCUMENT # P20158** 1. Entity Name 05-16-2008 90025 015 ***150.00 PALAIS FINANCIAL, INC. Principal Place of Business Mailing Address 14030 EAST 14TH MILE RD WARREN MI 48088 14030 EAST 14TH MILE RD WARREN MI 48088 2. Principal Place of Business - No PO, Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/07) 1st MOORE Applied For City & State City & State 4. FEI Number 38-2826858 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILSEY, GEORGE F 275 FOURTH STREET, NORTH Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33701 Zip Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or praced name of registered rigent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. **PSTD** Change Addition TITLE PTD TITLE ☐ Delete DISHELL, DONALD NAME NAME STREET ADDRESS 14030 E 14 MILE RD STREET ADDRESS CITY-ST-ZIP WARREN MI 48088 CITY-ST-ZIP ☐ Derete TITLE S Change Addition TITLE Sieger, Mary NAME STREET ADDRESS STREET ADDRESS 14030 E. 14 Mile Road CITY-ST-ZIP CITY-ST-ZIP Warren, MI 48088 ☐ Delete ☐ Change Addition TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TRUE STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CHY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

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