2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P23702

1. Entity Name
SAND LAKE CENTRE CORP.

Principal Place of Business	Mailing Address
C/O RONALD ZAJAC, PC 79 ALFRED STREET DETROIT, MI 48201 US	C/O RONALD ZAJAC, PC 79 ALFRED STREET DETROIT, MI 48201 US

DO NOT WRITE IN THIS SPACE

02062006 No Chg-P CR2E034 (11/05)

4. FEI Number
38-2860193
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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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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 _____
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

000003507708
04/27/06-80073-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEST, GREGORY
STREET ADDRESS	908 COLEMAN A YOUNG MUNIC. CT
CITY-ST-ZIP	DETROIT, MI 48226
TITLE	VPD
NAME	BANDEMER, MARTY
STREET ADDRESS	908 COLEMN A YOUNG MUNICIPAL CENTER
CITY-ST-ZIP	DETROIT, MI 48226
TITLE	SD
NAME	ORZECH, GEORGE
STREET ADDRESS	908 COLEMAN A YOUNG MUNICIPAL CENTER
CITY-ST-ZIP	DETROIT, MI 48226
TITLE	TD
NAME	ISON, LAURA
STREET ADDRESS	908 COLEMAN A YOUNG MUNICIPAL CENTER
CITY-ST-ZIP	DETROIT, MI 48226
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Gregory Best GREGORY BEST 2-9-06 313-2243321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #