2006 FOR PROFIT CORPORATION

FILED \mathbf{A}

ANNUAL REPORT				May 04, 2006 08:00		
DOCUMENT # P27957 1. Entity Name NEW ENGLAND MANAGEMENT & REALTY, INC.				Secretary of State		
31550 NORT SUITE 200	rincipal Place of Business Mailing Address 1550 NORTHWESTERN HIGHWAY 31550 NORTHWESTERN HIGH BUITE 200 SUITE 200 FARMINGTON HILL, MI 48334 FARMINGTON HILL, MI 48334					
DO NOT WRITE IN THIS SPA			CE	01162006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired □ \$8.75 Additional Fee Required		
	6. Name and Address of Current Reg	istered Agent	1			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the tions of registered agent.	purpose of changing its register	ed office or register	red agent, or both	, in the State of Florida.	I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and to	le if applicable (NOTE, Registere	d Agent signature required	(when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.			ncing \$5.	.00 May Be ed to Fees		<u> </u>
10.	OFFICERS AND DIR	ECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARTRICH, SPENCER M 31550 NORTHWESTERN HWY FARMINGTON HILLS, MI				U0000058 05/22/06-88	55550 0001-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARTRICH, MYRNA 31550 NORTHWESTERN HWY FARMINGTON HILLS, MI					
TITLE MAML STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
NAME STREET ADDRESS				IN T	HIS SPA	CE

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AODRESS CITY-ST-ZIP

Spencer M. Partrich, President signature and typed or printed name of signing officer or director

0/06 248/851-2700