


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90019 017 ***150.00

DOCUMENT # P35334 1. Entity Name PVS TECHNOLOGIES, INC.	
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Principal Place of Business 10900 HARPER AVENUE DETROIT, MI 48213	Mailing Address 10900 HARPER AVENUE DETROIT, MI 48213
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DO NOT WRITE IN THIS SPACE

60022954



03202008 No Chg-P CR2E034 (11/05)

4. FEI Number 38-1949201	Applied For Not Applicable
5. Certificate of Status Desired <input 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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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	SCHLUMBERGER, ALLAN A.
STREET ADDRESS	10900 HARPER AVENUE
CITY-ST-ZIP	DETROIT, MI
TITLE	P
NAME	RUTKOWSKI, DENNIS E
STREET ADDRESS	10900 HARPER AVE
CITY-ST-ZIP	DETROIT, MI 48213
TITLE	T
NAME	DEVLEESCHOUWER, JAMES Candee Saferian
STREET ADDRESS	10900 HARPER AVENUE
CITY-ST-ZIP	DETROIT, MI 48213
TITLE	VP
NAME	NICHOLSON, JAMES M
STREET ADDRESS	10900 HARPER
CITY-ST-ZIP	DETROIT, MI 48213
TITLE	S
NAME	TAUB, JONATHAN S
STREET ADDRESS	10900 HARPER
CITY-ST-ZIP	DETROIT, MI 48213
TITLE	VP
NAME	MIKKELSON, CRAIG
STREET ADDRESS	10900 HARPER AVE
CITY-ST-ZIP	DETROIT, MI 48213

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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:  Jonathan S. Taub 4/1/08 (313) 924-2629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #