

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90007 040 \*\*\*150.00

**DOCUMENT # P38874**

1. Entity Name  
AYA, INC.



Principal Place of Business

21 EAST LONG LAKE RD  
SUITE 100  
BLOOMFIELD HILLS, MI 48304

Mailing Address

21 EAST LONG LAKE RD  
SUITE 100  
BLOOMFIELD HILLS, MI 48304

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102007

Chg-P

CR2E034 (12/06)

4. FEI Number

38-2965843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARONOFF, ARNOLD Y.  
626 GULF SHORE BLVD. SOUTH  
NAPLES, FL 33940

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

800 Seagate Dr., Suite 302

City  
Naples

FL

Zip Code  
34103

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CPD  
ARONOFF, ARNOLD Y.  
626 GULF SHORE BLVD. S.  
NAPLES, FL 34102 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/07