## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 06, 2006 8:00 am Secretary of State

DOCUMENT # S36172  1. Entity Name CORR COMMERCIAL REAL ESTATE, INC.								04-06-2006	5 90023	030 ***15	58.75
Principal Place of Business 300 FRANDOR AVE LANSING, MI 48912 US			Mailing Address 300 FRANDOR AVE LANSING, MI 48912 US				, (88)	IPR mis bliet lien Jeris lie		50009	595
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt	Suite, Apt. #, etc.			01172006	i Chg-P	CR2E	034 (11/05)	
City & State			City & Sta	City & State			4. FEI Number Applied For 59-3055675 Not Applicable				
Zip	Zip Country			Zip Count			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	Registered Age	egistered Agent			7. Name and Address of New Registered Agent					
CODD UC	NAIA DE					Name					
CORR, HOWARD 117 VILLABELLA DR ISLAMORADA, FL 33036						Street Address (P. P. Box Number is Not Acceptable 2d.					
						City Port	Charle	He	Fl	Zip Coo	853
8. The above the obligat	named entit tions of regis	y submits this statement for tered agent.	or the purpose of	f changing its r	registere	ed office or register	red agent, or b	ooth, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE:	: Registered	d Agent signature required	1 when reinstating)		DATE		<del></del>
FILE NOWIII -FEE 18 \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Fin.  Trust Fund Contribution							.00 May Be led to Fees		in the same		
10.		OFFICERS AND	DIRECTORS		11.		ADDITIONS	S/CHANGES TO OFF	ICERS AN	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		JEROME NDOR AVE , MI 48912	C	Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP										Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	300 FRAN	ATRICK F NDOR AVE , MI 48912	C	Delete		l			•	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 FRAN	NGELIQUE IDOR AVENUE , MI 48912		Delete		ſ				☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	1	HRIS IDOR AVENUE , MI 48912		Delete			741			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY-	ET ADDRESS -ST-ZIP				☐ Change	Addition
12. I hereby of indicated of the cor changed,	certify that the on this report poration or the or on an atta	e information supplied with it or supplemental report is ne receiver of trustee emp achment with an address,	n this filing does s true and accur owered to execu- tiln all other like	not flualify for. ate and that in the this report a epapowered.	the exe signat s requir	emptions contained ure shall have the s red by Chapter 607	in Chapter 1 same legal effe 7, Florida Statu	19, Florida Statutes. I ect as if made under tes; and that my nam	further cer oath; that I e appears	tily that the it am an officer in Block 10 or	nformation or director r Block 11 if