


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # V31405 1. Entity Name EF&A CAPITAL CORP.	
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Principal Place of Business 25650 W ELEVEN MILE RD STE 300 SOUTHFIELD MI 48034 US	Mailing Address 25650 W ELEVEN MILE RD STE 300 SOUTHFIELD MI 48034 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E034 (10/05)

4. FEI Number 94-3160269	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON FL 33331

7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State


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 NAME STREET ADDRESS CITY - ST - ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> <table border="0" style="width: 100%;"> <tr> <td style="width: 100%;">P</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="2">STEENERSON, BYRON</td> </tr> <tr> <td colspan="2">4746 11TH AVE. NE STE 102</td> </tr> <tr> <td colspan="2">SEATTLE WA</td> </tr> </table> </td> <td style="width: 20%;"></td> </tr> <tr> <td colspan="2">VTD</td> </tr> <tr> <td colspan="2">KRASS, KELLEY</td> </tr> <tr> <td colspan="2">25650 W ELEVEN MILE RD STE 300</td> </tr> <tr> <td colspan="2">SOUTHFIELD MI 48034</td> </tr> </table>	<table border="0" style="width: 100%;"> <tr> <td style="width: 100%;">P</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="2">STEENERSON, BYRON</td> </tr> <tr> <td colspan="2">4746 11TH AVE. NE STE 102</td> </tr> <tr> <td colspan="2">SEATTLE WA</td> </tr> </table>	P	<input type="checkbox"/> Delete	STEENERSON, BYRON		4746 11TH AVE. NE STE 102		SEATTLE WA			VTD		KRASS, KELLEY		25650 W ELEVEN MILE RD STE 300		SOUTHFIELD MI 48034	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered

SIGNATURE:  _____ Date: 2/10/06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR