


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90102 043 ***150.00

DOCUMENT # V31405 1. Entity Name EF&A CAPITAL CORP.	
---	---

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
--	--

2. Principal Place of Business - No P.O. Box # 32400 Telegraph Road Suite, Apt. #, etc. Suite 202	3. Mailing Address 32400 Telegraph Road Suite, Apt. #, etc. Suite 202
--	--

City & State Bingham Farms, MI 48025	City & State Bingham Farms, MI 48025
Zip 48025	Zip 48025
Country USA	Country USA

400700



04092007 Chg-P CR2E034 (12/06)

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
--	---

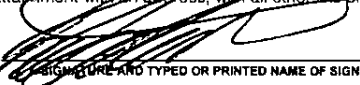
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STEENERSON, BYRON		NAME	
STREET ADDRESS 4746 11TH AVE. NE STE 102		STREET ADDRESS	
CITY-ST-ZIP SEATTLE, WA		CITY-ST-ZIP	
TITLE VTD	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KRASS, KELLEY		NAME	
STREET ADDRESS 25650 W ELEVEN MILE RD STE 300		STREET ADDRESS	
CITY-ST-ZIP SOUTHFIELD, MI 48034		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **Kelley A. Krass, VP, 4.10.07 248.746.5772**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #