


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # 142320 1. Entity Name MACOMB CORPORATION	
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Principal Place of Business 4190 TELEGRAPH ROAD SUITE 1000 BLOOMFIELD HILLS, MI 48302	Mailing Address 4190 TELEGRAPH ROAD SUITE 1000 BLOOMFIELD HILLS, MI 48302
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01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 38-1648914	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MARGOLIS, HERBERT  
1903 ATLANTIC STREET  
#213  
MELBOURNE BEACH, FL 32951

**DO NOT WRITE  
IN THIS SPACE**

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 *Herbert Margolis* Herbert Margolis 1-16-07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	U00000594374 01/22/07-80068-022 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRODY, ROBERT 4190 TELEGRAPH RD., STE 1000 BLOOMFIELD HILLS, MI 48302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRODY, RHEA 4190 TELEGRAPH RD., STE 1000 BLOOMFIELD HILLS, MI 48302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRODY, JAY 4190 TELEGRAPH RD., STE 1000 BLOOMFIELD HILLS, MI 48302
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Robert Brody* Robert Brody 1-10-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #