2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Aug 09, 2004 8:00 am Secretary of State

1. Entity Name	MENT # 545241 HOMES INC.					08-09-2	2004 90004 025 **	*150.00
Principal Place of Business 280 DAINES ST.,STE. 300 BIRMINGHAM, MI 48009		Mailing Address 280 DAINES ST.,STE. 300 BIRMINGHAM, MI 48009		:	54067476			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07012004	Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Number 38-2182		 -	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of	of Status Desired	S8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered Agent	
MILTON RINES .				Name				
15235 TAN	MAMI TR.' S. FL 33908		Street Address		(P.O. Box Number is Not Acceptable)			
1 1 1411	7,12 33300							
			City				FL Zip Code	9
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent		registered office			n, in the State of FI	orida. I am familiar with,	and accept
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	9. Election Campa Trust Fund Con		\$5 . Add	.00 May Be ed to Fees	In accordance corporation did	with s. 607.193(2)(b), I not receive the prior r	F.S., the notice.
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	FICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ZLOTOFF, PAUL M 280 DAINES ST #300 BIRMINGHAM, MI	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS			☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOBERMAN, CHARLES 280 DAINES ST #300 BIRMINGHAM, MI 48009	☐ Delete	TITLE NAME SIREET ADDR				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOSTER, GLORIA 280 DAINES ST #300 BIRMINGHAM, MI	⊠ Delete	TITLE NAME STREET ADDR	ESS 2	SO DA	esident lot off ines s gham m	X Change T . 1	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR	ESS Jo	ce fra el Sci	wartz	(XChange)	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADOP CITY-ST-ZIP	iess		<i>J.</i>	☐ Change	Addition
TITLE NAME STREET ADDRESS		□ Delete	TITLE NAME STREET ADDR	RESS			☐ Change	Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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: __