


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90433 015 ***158.75

DOCUMENT # 849021 1. Entity Name KAMMINGA & ROODVOETS, INC.	
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Principal Place of Business 3435 BROADMOOR, S.E. GRAND RAPIDS, MI 49512	Mailing Address 3435 BROADMOOR, S.E. GRAND RAPIDS, MI 49512
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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03312006 Chg-P CR2E034 (11/05)



4. FEI Number 38-1808100		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TIDEY, MARCUS B 5501 DOWNING RD PLANT CITY, FL 33566		7. Name and Address of New Registered Agent Name MARCUS B. TIDEY Street Address (P.O. Box Number is Not Acceptable) 2945 SADDLE RIDGE LANE City LAKELAND FL Zip 33810

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  MARCUS B. TIDEY, JR. V.P. 04/21/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TIDEY, MARCUS 5501 DOWNING ROAD PLANT CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STEIGENGA, RICHARD 411-92ND STREET SE. BYRON CENTER, MI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	C STEIGENGA, RICHARD 411-92nd Street SE Byron Center, MI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KLYNSTA, KRAIG 1921 THORNAPPLE SE GRAND RAPIDS, MI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD POLL, KURT 8890 SOUTH RIDGE CT SW BYRON CENTER, MI 49315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P POLL, KURT 8890 SOUTH RIDGE CT SW BYRON CENTER, MI 49315 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WORKMAN, RANDY 3660 84TH STREET CALEDONIA, MI 49316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARCUS B. TIDEY, JR. 2945 SADDLE RIDGE LANE LAKELAND, FL 33810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:  KRAIG L. KLYNSTRA, SECRETARY/TREASURER 04/21/06 616-949-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #