


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90017 038 \*\*\*550.00

DOCUMENT # G57536			
1. Entity Name PALM BEACH FINANCIAL VENTURES, INC.			
Principal Place of Business <del>900 AVIS DR.</del> ANN ARBOR, MI 48108		Mailing Address <del>900 AVIS DR.</del> ANN ARBOR, MI 48108	
2. Principal Place of Business - No P.O. Box # C/O Comerica-CNB 500 Woodward		3. Mailing Address C/O Comerica-CNB 500 Woodward	
Suite, Apt. #, etc. 21st Floor, MC 3319		Suite, Apt. #, etc. 21st Fl, MC 3319	
City & State Detroit MI		City & State Detroit MI	
Zip 48226	Country USA	Zip 48226	Country USA
4. FEI Number 59-2327431		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AVIS, WARREN A., JR 425 WORTH AVE STE 221 CRYSTAL TREE PLAZA N. PALM BEACH, FL 33408		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
125 Worth Ave Suite 203 Palm Beach, FL 33480			
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 <i>Patricia A. Kalmbach</i>		DATE 5/7/08	
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, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	PDT KALMBACH, PATRICIA A. 900 AVIS DR. ANN ARBOR, MI 48108 <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	SD TOTTEN, PAMELA S 900 AVIS DR ANN ARBOR, MI 48108 <input checked="" 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	<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	<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	<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	<input type="checkbox"/> Change <input 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: <i>Patricia A. Kalmbach</i>		Date 5/7/08 (734) 347-4843	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	