



NONE	^ (1)	^ (1)	NONE	11	\$ (1)	(I) (Instr. 5)	D	^
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## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
homovec brett 6165 UPPER STRAITS BLVD. WEST BLOOMFIELD, MI 48324	^ X	^	^ President	^

## Signatures

BRETT  
HOMOVEC  
04/18/2008

\_\_Signature of                      Date  
Reporting Person

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) none

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.  
Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.