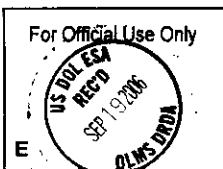


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

C- 481 300140

Person Filing

2. Name and mailing address (include ZIP Code):

Name James Breen

Title President

Organization Positive Employee Relations, Inc.

P.O. Box, Bldg., Room No., if any P.O. Box 381156

Street

City Clinton Township

State Michigan

ZIP Code + 4 48038

3. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

4. Date fiscal year ends:

Dec / 31

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☒ Corporation d. ☐ Other (Specify):

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name

Organization Blue Water Automotive Systems, Inc.

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 1515 Busha Highway

City Marysville

State Michigan

ZIP Code + 4 48040

7. Date entered into:

9 / 1 / 2006

8. Name of person(s) through whom made:

Name Charles Jones

Name

Name

Name

Name

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed

James Breen

President
(If other title, see instructions)

Title President

14. Signed

Treasurer
(If other title, see instructions)

Title Treasurer

On 9/11/2006
Date

586 532-7508
Telephone Number

On _____
Date

_____ Telephone Number