


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90013 025 \*\*\*155.00

**DOCUMENT # F0000001025**

1. Entity Name  
 RESTAURANT TECHNOLOGIES, INC.



Principal Place of Business  
 3711 KENNEBEC DRIVE  
 STE 100  
 EAGAN, MN 55122 US

Mailing Address  
 3711 KENNEBEC DRIVE  
 STE 100  
 EAGAN, MN 55122 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

40042102



03162006 Chg-P CR2E034 (11/05)

4. FEI Number  
 41-1873256

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 \_\_\_\_\_ (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	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLOOSTER, PAUL L			NAME			
STREET ADDRESS	22001 ABERDEEN AVE			STREET ADDRESS			
CITY-ST-ZIP	JORDAN, MN 55362			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEDIVY, GARY M			NAME			
STREET ADDRESS	7256 E VUELTA RANCHO MESQUITE			STREET ADDRESS			
CITY-ST-ZIP	TUSCON, AZ 85749			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHOENBAUER, BRADLEY J			NAME			
STREET ADDRESS	311 COLUMBUS AVE. S.			STREET ADDRESS			
CITY-ST-ZIP	NEW PRAGUE, MN 66071			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUELLE, JOHN H			NAME			
STREET ADDRESS	13554 FOXBERRY RD			STREET ADDRESS			
CITY-ST-ZIP	SAVAGE, MN 55378			CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRUNEWALD, JOHN H			NAME			
STREET ADDRESS	2530 POINCIANA DRIVE			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 33327			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LARSON, KEN			NAME			
STREET ADDRESS	5420 SOUTHWOOD RD.			STREET ADDRESS			
CITY-ST-ZIP	BLOOMINGTON, MN			CITY-ST-ZIP			

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: \_\_\_\_\_ DATE: 3/24/06 DAYTIME PHONE # \_\_\_\_\_