

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002526

FILED
Mar 29, 2007
Secretary of State

Entity Name: SEBESTA BLOMBERG & ASSOCIATES, INC.

Current Principal Place of Business:

2381 ROSEGATE
ROSEVILLE, MN 55113

New Principal Place of Business:

Current Mailing Address:

2381 ROSEGATE
ROSEVILLE, MN 55113

New Mailing Address:

FEI Number: 41-1787792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SEBESTA, JAMES J
Address: 2381 ROSEGATE
City-St-Zip: ROSEVILLE, MN 55113 US

Title: SD () Delete
Name: BLOMBERG, PAUL J
Address: 9550 WEST HIGGINS RD, SUITE 300
City-St-Zip: ROSEMONT, IL 60018 US

Title: TD () Delete
Name: BRESLAWEC, OLEKSA P
Address: 1300 WILSON BLVD., SUITE 510
City-St-Zip: ARLINGTON, VA 22209 US

Title: VD () Delete
Name: SHARPE, DEAN R
Address: 2381 ROSEGATE
City-St-Zip: ROSEVILLE, MN 55113 US

Title: VD () Delete
Name: CARLSON, JOHN A
Address: 2381 ROSEGATE
City-St-Zip: ROSEVILLE, MN 55113 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LITTON, TONY R
Address: 2381 ROSEGATE
City-St-Zip: ROSEVILLE, MN 55113 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J SEBESTA

PD

03/29/2007

Electronic Signature of Signing Officer or Director

_____ Date