

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004628

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: LISEC AMERICA, INC.

## Current Principal Place of Business:

3225 NEIL ARMSTRONG BLVD  
#800  
EAGAN, MN 55121

## New Principal Place of Business:

## Current Mailing Address:

3225 NEIL ARMSTRONG BLVD  
#800  
EAGAN, MN 55121

## New Mailing Address:

FEI Number: 41-1920002      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: P ( ) Delete  
Name: HASELSTEINER, HUBERT  
Address: 3225 NEIL ARMSTRONG BLVD., #800  
City-St-Zip: EAGAN, MN 55121

Title: V ( ) Delete  
Name: DEWEESE, GREG  
Address: 3225 NEIL ARMSTRONG BLVD., #800  
City-St-Zip: EAGAN, MN 55121

Title: C ( ) Delete  
Name: LISEC, PETER  
Address: 34 BAHNHOFSTRASSE  
City-St-Zip: A-3363 HASSIMENING AUSTRIA, AU A-3363

Title: D ( ) Delete  
Name: SONNLEITNER, GERHARD  
Address: 34 BAHNHOFSTRASSE  
City-St-Zip: A-3363 HASSIMENING AUSTRIA, AU A-3363

Title: D ( ) Delete  
Name: HUBERT, HASELSTEINER  
Address: 3225 NEIL ARMSTRONG BLVD  
City-St-Zip: EAGAN, MN 55121

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: LISEC, PETER  
Address: 34 BAHNHOFSTRASSE  
City-St-Zip: A-3363 HASSIMENING AUSTRIA, AU A-3363

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

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

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: GREG DEWEESE

S

04/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date