

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003672

FILED
Jun 30, 2004
Secretary of State

Entity Name: RETAIL CONCEPTS OF MINNESOTA, INC.

Current Principal Place of Business:

1502 BLACKHAWK RIDGE WAY
EAGAN, MN 55122

New Principal Place of Business:

1720 EAST BUENA VISTA BLVD
BLDG. A
LAKE BUENA VISTA, FL 32830

Current Mailing Address:

1502 BLACKHAWK RIDGE WAY
EAGAN, MN 55122

New Mailing Address:

P.O. BOX 2617
WINDERMERE, FL 34786

FEI Number: 41-1889460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CP () Delete
Name: HENINGER, SHAWNA
Address: 1502 BLACKHAWK RIDGE WAY
City-St-Zip: EAGAN, MN 55122

Title: VCS () Delete
Name: HENINGER, RANDY
Address: 1502 BLACKHAWK RIDGE WAY
City-St-Zip: EAGAN, MN 55122

Title: VP () Delete
Name: HENINGER, RANDY
Address: 1502 BLACKHAWK RIDGE WAY
City-St-Zip: EAGAN, MN 55122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: HENINGER, SHAWNA
Address: P.O. BOX 2617
City-St-Zip: WINDERMERE, FL 34786

Title: VCS (X) Change () Addition
Name: HENINGER, RANDY
Address: P.O. BOX 2617
City-St-Zip: WINDERMERE, FL 34786

Title: VP (X) Change () Addition
Name: HENINGER, RANDY
Address: P.O. BOX 2617
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHAWNA HENINGER

CP

06/30/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date