

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000003211
 1. Entity Name
 BELAIR BUILDERS, INC.



Principal Place of Business: 2200 OLD HWY 8 NW, NEW BRIGHTON, MN 55112
 Mailing Address: 2200 OLD HWY 8 NW, NEW BRIGHTON, MN 55112



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 41-0997613 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MURLOWSKI, MARK D
 1360 CAXAMBUS COURT
 MARCO ISLAND, FL 34145

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

000000067034
 02/26/04-80039-016 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | PC |
| NAME | MURLOWSKI, MARK D |
| STREET ADDRESS | 2200 OLD HWY 8 NW |
| CITY-ST-ZIP | NEW BRIGHTON, MN 55112 |
| TITLE | VPVC |
| NAME | MURLOWSKI, MICHAEL P |
| STREET ADDRESS | 2200 OLD HWY 8 NW |
| CITY-ST-ZIP | NEW BRIGHTON, MN 55112 |
| TITLE | SD |
| NAME | STENGLEIN, JOHN E |
| STREET ADDRESS | 2200 OLD HWY 8 NW |
| CITY-ST-ZIP | NEW BRIGHTON, MN 55112 |
| TITLE | TD |
| NAME | DABROWSKI, TRACY A |
| STREET ADDRESS | 2200 OLD HWY 8 NW |
| CITY-ST-ZIP | NEW BRIGHTON, MN 55112 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f), 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: Tracy Dabrowski 2/23/04 651-786-1300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #