


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000006945
 1. Entity Name
MANUS PRODUCTS-MINNESOTA, INC.



Principal Place of Business Mailing Address
 1881 JC BLVD. 1881 JC BLVD.
 NAPLES, FL 34109 NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE



07052007 No Chg-P CR2E034 (11/05)

4. FEI Number 41-0965134	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HOWARD, SHANNON
 1881 JC BLVD.
 NAPLES, FL 34109

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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 Shannon B. Howard 7/10/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP GREVILLIUS, GARY 866 INDUSTRIAL BLVD., W WACONIA, MN 55387
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GREVILLIUS, JANET 866 INDUSTRIAL BLVD., W WACONIA, MN 55387
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROBERTSON, DOUG 866 INDUSTRIAL BLVD. W WACONIA, MN 55387
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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 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: Gary W. Grevillius 7/10/07 239 5936195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #