

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19656

FILED
Feb 02, 2007
Secretary of State

Entity Name: H ENTERPRISES INTERNATIONAL, INC.

Current Principal Place of Business:

ONE FINANCIAL PLAZA
SUITE 2300
MINNEAPOLIS, MN 55402 US

New Principal Place of Business:

Current Mailing Address:

ONE FINANCIAL PLAZA
SUITE 2300
MINNEAPOLIS, MN 55402 US

New Mailing Address:

FEI Number: 06-1238552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEMS
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: P () Delete
Name: BYRNE, JOHN E
Address: ONE FINANCIAL PLAZA, STE 2300
City-St-Zip: MINNEAPOLIS, MN 55402

Title: V () Delete
Name: GORMAN, MICHAEL
Address: ONE FINANCIAL PLAZA, SUITE 2300
City-St-Zip: MINNEAPOLIS, MN 55402

Title: C () Delete
Name: O'LEARY, RICHARD E
Address: 5100 N. TAMiami TR. STE. 135
City-St-Zip: NAPLES, FL 34103

Title: S () Delete
Name: O'LEARY, NORA Q
Address: ONE FINANCIAL PLAZA, SUITE 2300
City-St-Zip: MINNEAPOLIS, MN 55402

Title: VPT () Delete
Name: LEWIS, SUSAN P
Address: ONE FINANACIAL PLAZA, SUITE 2300
City-St-Zip: MINNEAPOLIS, MN 55402

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:

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: MICHAEL GORMAN

V

02/02/2007

Electronic Signature of Signing Officer or Director

_____ Date