


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-22-2005 90059 034 \*\*\*550.00

<b>DOCUMENT # P34404</b> 1. Entity Name ARGENBRIGHT, INC.	
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Principal Place of Business 19850 SOUTH DIAMOND LAKE RD ROGERS, MN 55374-4572	Mailing Address 19850 SOUTH DIAMOND LAKE RD ROGERS, MN 55374-4572
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**50062567**



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

08122005 Chg-P CR2E034 (10/03)

4. FEI Number 58-1281936	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \$550.00**  
**Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P PERFALL, A. CLAYTON 102 SOUTH UNION STREET ALEXANDRIA, VA 22314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NILES, TERRY 19850 SOUTH DIAMOND LAKE RD ROGERS, MN 553744572 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, SEC, TRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BRIAN H. BULKE 102 SOUTH UNION STREET ALEXANDRIA, VA 22314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STCF ANDERSON, STEVEN D 19850 SOUTH DIAMOND LAKE RD ROGERS, MN 553744572 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MATTHEW C. FLETCHALL 102 SOUTH UNION STREET ALEXANDRIA, VA 22314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, MICHAEL D 102 SOUTH UNION STREET ALEXANDRIA, VA 22314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, KEVIN R 102 SOUTH UNION STREET ALEXANDRIA, VA 22314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAVEY, RICHARD L 102 SOUTH UNION STREET ALEXANDRIA, VA 22314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Matthew C. Fletchall 8/15/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MATTHEW C. FLETCHALL