

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90300 021 \*\*\*150.00

<b>DOCUMENT # 829609</b> 1. Entity Name <b>THE LARSEN'S MANUFACTURING COMPANY</b>					
Principal Place of Business <b>7421 COMMERCE LANE N.E. MINNEAPOLIS, MN 55432</b>			Mailing Address <b>7421 COMMERCE LANE N.E. MINNEAPOLIS, MN 55432</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>41-0809914</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>HARTL, COLETTE M 7400 WEST CYPRESS HEAD DR. PARKLAND, FL 33067</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM HARTL, COLETTE M. 7400 W. CYPRESS HEAD DR. PARKLAND, FL 33067	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DAVID W. FUDGE 7421 COMMERCE LANE NE MINNEAPOLIS, MN 55432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NYVALL, MARK C 1439 ALPINE PASS MINNEAPOLIS, MN	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NAUGHTON, JAMES R 845 BUNKER LAKE BLVD #306 HAM LAKE, MN 55304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TILLMAN, GARY A 741 HOLLAND LANE NE SPRING LAKE PARK, MN	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS FUDGE, JEANNE A 16005 MAKAH ST NW ANDOVER, MN	<input type="checkbox"/> Delete			
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.			PCBO DAVID W. FUDGE 7400 W. CYPRESS HEAD DR. PARKLAND FL 33067		
<b>SIGNATURE:</b> <i>Gary A. Tillman</i> / <i>6001 A. Tillman, V.P.</i>			Date <b>4/5/06</b> Daytime Phone # <b>763-571-1181</b>		