

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 849670



Entity Name
MON FINANCIAL SERVICES, INC.

Principal Place of Business

1310 MADRID STREET
 SUITE 100
 MARSHALL, MN 56258 US

Mailing Address

1310 MADRID STREET
 SUITE 100
 MARSHALL, MN 56258 US



01042006 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-1400571	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AT CORPORATION SYSTEM
 200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

**DO NOT WRITE
 IN THIS SPACE**

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

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
 After May 1, 2006 Fee will be \$550.00**

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

000000397447
 01/30/06-80046-024 150.00

OFFICERS AND DIRECTORS

PD RIZZO, MICHAEL 1310 MADRID STREET MARSHALL, MN 56258
CD STONE, KENT 2751 SHEPARD ROAD SAINT PAUL, MN 55116
D MITAU, LEE R 601 SECOND AVE S MINNEAPOLIS, MN 55402
S BEDNARSKI, LAURA 601 SECOND AVE S MINNEAPOLIS, MN 55402
AS DOCKEN, JOHN 1310 MADRID STREET MARSHALL, MN 56258

**DO NOT WRITE
 IN THIS SPACE**

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.

1/19/06

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Docken/Asst. Secre.

507-532-7164

Date

Daytime Phone #