2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 16, 2005 8:00 am Secretary of State

3440 BELT LINI #100 ST LOUIS PARK,		Mailing Address							
#100 St Louis Park,	E BLVD.	· -							
		3440 BELT LINE BLVD. #100				50061	371 -		
2. Principal Plac	, MN 55416	ST LOUIS PARK, MN 55416		 	6	BUBIN BUBIN BUBIN BUBIN BUB	ii Bieiibei II iedi		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			08082005	Chg-P	CR2E034 (10/	03)	
City & State		City & State			4. FEI Numbe 41-0730			Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$8.75 Fee Rec	Additional julred	
	6. Name and Address of Current Re	gistered Agent			7. Name and	Address of New Re	egistered Agent		
CT CORPORATION SYSTEM				Name					
1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			St	Street Address (P.O. Box Number is Not Acceptable)					
				·				0-4-	
				ity					
	arned entity submits this statement for t as of registered agent.	he purpose of changing its	registered of	ffice or register	ed agent, or bot	h, in the State of Flo	rida. I am familiar v	with, and accept	
SIGNATURE	gnature, typed or printed name of registered agent and	titté if applicable. (NOT)	E: Registered Age	nt signature required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Finar Trust Fund Contribution.				9 \$5. □ Add	.00 May Be ed to Fees	In accordance w	with s. 607.193(2) not receive the pi	, (b), F.S., the ior notice.	
10.	OFFICERS AND D		11.		ADDITIONS/	CHANGES TO OFFI		·	
'''-	-	☐ Delete	TITLE				☐ Cha	nge 🔲 Addition	
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FILE DUG 10. TITLE NAME NAME STREET ADDRESS 3 CITY-ST-ZIP S TITLE NAME	NOW!!! FEE IS \$150.00 by September 7, 2005 OFFICERS AND DI MCCAIN, JOHN D 3440 BELT LINE BLVD #100	9. Election Campai Trust Fund Cont RECTORS Delete	ign Financing ribution. 11. TITLE NAME STREET AD CITY-ST-2 TITLE NAME	S \$5. Add	.00 May Be ed to Fees	corporation did	with s. 607.193(2) not receive the process and direction the process and direction the control of the control o	rior notice. FORS IN 11 nge ☐ Addi	

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 in chapter 607, Florida Statutes.

changed, or on an altachment with an address, with all other like empowerer

SIGNATURE: JOHN D McCAIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR