


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000000080 1. Entity Name SICO AMERICA, INC.	
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Principal Place of Business 7525 CAHILL ROAD MINNEAPOLIS, MN 55439	Mailing Address 7525 CAHILL ROAD MINNEAPOLIS, MN 55439
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07182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-1763365	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONTRAX FURNISHINGS
690 N.E. 23RD AVE.
GAINESVILLE, FL 32609

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000770959 07/31/07-80008-005 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO SHEA, ANDREW S 8941 HIDDEN OAKS DR. EDEN PRAIRIE, MN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DANIELSON, JEREL K 4387 EVERGREEN DR. VADNAIS HEIGHTS, MN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FLINT, RICHARD N 520 WAY CLIFFE NORTH WAYZATA, MN 55391
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT DAHLEN, KEITH T 3430 ROSEWOOD LN PLYMOUTH, MN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD WILSON, HAROLD K 24424 E. CEDAR LAKE DR. NEW PRAGUE, MN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILSON, CHRISTOPHER E 14302 STRATFORD RD EDEN PRAIRIE, MN

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IN THIS SPACE**

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

SIGNATURE: *Jack K. Shea* 7/19/07 932 829 5112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #