2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004935

Entity Name: PFG OF MINNESOTA, INC.

FILED Jan 08, 2007 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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7825 WASHINGTON AVE. S., STE. 410 7825 WASHINGTON AVE. S., STE. 310 MINNEAPOLIS, MN 55439

MINNEAPOLIS, MN 55439

New Mailing Address:

Current Mailing Address:

7825 WASHINGTON AVE. S., STE. 410 7825 WASHINGTON AVE. S., STE. 310

MINNEAPOLIS, MN 55439 MINNEAPOLIS, MN 55439

FEI Number: 41-1817271 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MICHEL, ANTHONY MICHEL, ANTHONY Name: Name:

7825 WASHINGTON AVE. S., STE. 410 7825 WASHINGTON AVE. S., STE. 310 Address: Address:

City-St-Zip: MINNEAPOLIS, MN 55439 City-St-Zip: MINNEAPOLIS, MN 55439

VΡ () Delete Title: VΡ (X) Change () Addition Title:

Name: RAAB, MICHAEL Name: RAAB, MICHAEL

7825 WASHINGTON AVE. S., STE. 410 7825 WASHINGTON AVE. S., STE. 310 Address: Address:

MINNEAPOLIS, MN 55439 MINNEAPOLIS, MN 55439 City-St-Zip: City-St-Zip:

Title: Title: () Delete ST (X) Change () Addition

JUVE, DARRIN JUVE, DARRIN Name: Name:

7825 WASHINGTON AVE. S., STE. 310 7825 WASHINGTON AVE. S., STE. 410 Address: Address: City-St-Zip: MINNEAPOLIS, MN 55439 City-St-Zip: MINNEAPOLIS, MN 55439

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRIN JUVE ST 01/08/2007