


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90034 016 \*\*\*150.00

<b>DOCUMENT # F03000001861</b> 1. Entity Name <b>EDI ENTERPRISES, INCORPORATED</b>	
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Principal Place of Business <b>5100 THIMSEN AVENUE STE. 1 MINNETONKA, MN 55345</b>	Mailing Address <b>5100 THIMSEN AVENUE STE. 1 MINNETONKA, MN 55345</b>
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01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>41-1779306</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
**NRAI Services, Inc.  
2731 Executive Park Dr.  
Suite 4  
Weston, FL 33331**

**DO NOT WRITE  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP DORIN, MICHAEL 18862 BARRINTON DRIVE EDEN PRAIRIE, MN 55346
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCVP RATCLIFF, DAN 1319 RAVENWOOD DRIVE WACONIA, MN 55387
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MCCLURE, SCOTT 100 EVENGREEN DRIVE NE ROCHESTER, MN 55906
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DORIN, JUDITH 18862 BARRINTON DRIVE EDEN PRAIRIE, MN 55346
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>3-10-05</b> <small>Date</small>	<b>952-401-8912</b> <small>Daytime Phone #</small>
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