

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002088

FILED
Apr 24, 2006
Secretary of State

Entity Name: RESIDENTIAL MORTGAGE GROUP OF MINNESOTA, INC.

Current Principal Place of Business:

6465 WAYZATA BLVD.
SUITE 720
ST. LOUIS PARK, MN 55426

Current Mailing Address:

6465 WAYZATA BLVD.
SUITE 720
ST. LOUIS PARK, MN 55426

New Principal Place of Business:

11100 WAYZATA BOULEVARD
SUITE 570
MINNETONKA, MN 55305

New Mailing Address:

11100 WAYZATA BOULEVARD
SUITE 570
MINNETONKA, MN 55305

FEI Number: 41-1798744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA COMPLIANCE SPECIALISTS, INC.
2331 HANSEN PLACE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: SHERWOOD, STEVEN M
Address: 3345 HONEYWOOD LANE
City-St-Zip: MINNETONKA, MN 55305

Title: V () Delete
Name: NELSON, SOLVEIG A
Address: 4655 GOLDENROD LANE NORTH
City-St-Zip: PLYMOUTH, MN 55442

Title: S () Delete
Name: ONNEN, KIMBERLY L
Address: 9018 ASHLEY TERRACE NORTH
City-St-Zip: BROOKLYN PARK, MN 55443

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVEN M. SHERWOOD

PRES

04/24/2006

Electronic Signature of Signing Officer or Director

Date