2007 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED

Jan 22, 2007 8:00 am Secretary of State

01-22-2007 90073 029 ***158 75 DOCUMENT # F03000002704 BUSSE/9JI CORPORATION 40003046 Principal Place of Business Mailing Address 124 N. COLUMBUS ST. 124 N. COLUMBUS ST. RANDOLPH, WI 53956 RANDOLPH, WI 53956 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 48-1298571 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired × Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEO ☐ Change TITLE ☐ Delete TITLE ☐ Addition YOUNG, THOMAS NAME NAME STREET ADDRESS 124 N. COLUMBUS ST. STREET ADDRESS CITY-ST-ZIP RANDOLPH, WI 53956 CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME GRANT, SHAWN NAME STREET ADDRESS 124 N. COLUMBUS ST. STREET ADDRESS CITY-ST-ZIP RANDOLPH, WI 53956 CITY-ST-ZIP MGR TITLE ☐ Detete TITLE ☐ Change ☐ Addition VAUGHN, REX NAME NAME STREET ADDRESS 124 N. COLUMBUS ST. STREET ADDRESS CITY-ST-ZIP RANDOLPH, WI 53956 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 reports, 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 of trusted exposure of 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 orderess of all other like empowered.

SIGNATURE:

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR