# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 04, 2004**
**Secretary of State**

DOCUMENT# F03000003579

**Entity Name:** MISSIONMODE SOLUTIONS, INC.

**Current Principal Place of Business:**

6230 TENTH AVE., SUITE 220
OAKDALE, MN 55128

**New Principal Place of Business:**

**Current Mailing Address:**

6680 ST. CROIX TRAIL
HASTINGS, MN 55033

**New Mailing Address:**

**FEI Number: 56-2348927** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

FETHEROLF, MARK
1090 N OCEAN BLVD
PALM BEACH, FL 33480 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: PC ( ) Delete
Name: COLLINS, THEODORE
Address: 6680 ST. CROIX TR
City-St-Zip: HASTINGS, MN 55033

Title: SD ( ) Delete
Name: FETHEROLF, MARK
Address: 1090 OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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 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: THEODORE COLLINS PC 02/04/2004

Electronic Signature of Signing Officer or Director Date