

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000003810

1. Entity Name
BALANGIER DESIGNS, INC.



Principal Place of Business

**4560-36TH STREET
ORLANDO, FL 32811**

Mailing Address

**7900 XERXES AVENUE SOUTH, SUITE 1800
MINNEAPOLIS, MN 55431**



07072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2142336

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**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

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution... ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	HUFFER, RUSSELL
STREET ADDRESS	7900 XERXES AVENUE SOUTH, SUITE 1800
CITY - ST - ZIP	MINNEAPOLIS, MN 55431
TITLE	VCP
NAME	CLAUER, MICHAEL
STREET ADDRESS	7900 XERXES AVENUE SOUTH, SUITE 1800
CITY - ST - ZIP	MINNEAPOLIS, MN 55431
TITLE	S
NAME	BEITHON, PATRICIA
STREET ADDRESS	7900 XERXES AVENUE SOUTH, SUITE 1800
CITY - ST - ZIP	MINNEAPOLIS, MN 55431
TITLE	T
NAME	JOHNSON, GARY
STREET ADDRESS	7900 XERXES AVENUE SOUTH, SUITE 1800
CITY - ST - ZIP	MINNEAPOLIS, MN 55431
TITLE	D
NAME	DECKMAN, JOSEPH
STREET ADDRESS	4000 OLSON MEMORIAL HIGHWAY, SUITE 600
CITY - ST - ZIP	MINNEAPOLIS, MN 55422
TITLE	DFD
NAME	GRAY, DEBORAH
STREET ADDRESS	4560 36TH ST
CITY - ST - ZIP	ORLANDO, FL 32811

000007376109
08/10/05-80004-012 150.00

**DO NOT WRITE
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/05

Date

407-419-7100

Daytime Phone