2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# F03000003810

Entity Name: BALANGIER DESIGNS, INC.

Current Principal Place of Business:

4560-36TH STREET
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

7900 XERXES AVENUE SOUTH, SUITE 1800
MINNEAPOLIS, MN 55431

New Mailing Address:

4560-36TH STREET
ORLANDO, FL 32811

FEI Number: 22-2142336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: C ( ) Delete
Name: HUFFER, RUSSELL
Address: 7900 XERXES AVENUE SOUTH, SUITE 1800
City-St-Zip: MINNEAPOLIS, MN 55431

Title: D ( ) Delete
Name: MAYLEBEN, DANIEL P
Address: 7900 XERXES AVENUE SOUTH, SUITE 1800
City-St-Zip: MINNEAPOLIS, MN 55431

Title: S (X) Delete
Name: BEITHON, PATRICIA
Address: 7900 XERXES AVENUE SOUTH, SUITE 1800
City-St-Zip: MINNEAPOLIS, MN 55431

Title: T (X) Delete
Name: JOHNSON, GARY
Address: 7900 XERXES AVENUE SOUTH, SUITE 1800
City-St-Zip: MINNEAPOLIS, MN 55431

Title: CFO (X) Delete
Name: PORTER, JAMES S
Address: 7900 XERXES AVE S. STE 1800
City-St-Zip: MINNEAPOLIS, MN 55431

Title: DFD (X) Delete
Name: GRAY, DEBORAH
Address: 4560 36TH ST
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: MILLER, MARK W
Address: 4560 36TH STREET
City-St-Zip: ORLANDO, FL 32811

Title: VSD (X) Change ( ) Addition
Name: CHOATE, LISA D
Address: 4022 EAST KENSINGTON STREET
City-St-Zip: SPRINGFIELD, MO 65809

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

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 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: MARK W. MILLER P 04/29/2008

Electronic Signature of Signing Officer or Director — Date