

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F03000004501

1. Entity Name
PENFORD PRODUCTS CO.



Principal Place of Business
7094 SOUTH REVERE PKWY.
ENGLEWOOD, CO 80112

Mailing Address

7094 SOUTH REVERE PKWY.
ENGLEWOOD, CO 80112-3932

2. Principal Place of Business
7094 S. REVERE PKWY

3. Mailing Address
7094 S. REVERE PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CENTENNIAL CO

City & State
CENTENNIAL CO

Zip
80112

Zip
80112

Country

04072006 Chg-P CR2E034 (11/05)

4. FEI Number 91-0866902	Applied For Not Applicable
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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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MALKOSKI, THOMAS D 7094 S REVERE PKWY. ENGLEWOOD, CO 80112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>CENTENNIAL</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PGM KEELEY, GREGORY R 7094 S REVERE PKWY. ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>CHRISTOPHER LAWLER 7094 S. REVERE PKWY CENTENNIAL CO 80112</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGM RANDALL, JOHN R 7094 S REVERE PKWY. ENGLEWOOD, CO 80112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>CENTENNIAL</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS CORDIER, STEVE 7094 S REVERE PKWY. ENGLEWOOD, CO 80112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>CENTENNIAL</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VON DER SCHMIDT, MARGARET 7094 S REVERE PKWY. ENGLEWOOD, CO 80112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>CENTENNIAL</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WYNNE, MARK 7094 S REVERE PKWY. ENGLEWOOD, CO 80112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>CENTENNIAL</i>

12. I hereby 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 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: *M. Von der Schmidt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET VON DER SCHMIDT, ASSISTANT SECRETARY

4/7/06

303 649 1900

Date

Daytime Phone #