
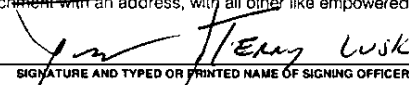


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90085 021 ***150.00

DOCUMENT # F04000001100				
1. Entity Name EHLERT PUBLISHING GROUP, INC.				
Principal Place of Business 6420 SYCAMORE LANE, SUITE 100 MAPLE GROVE, MN 55369		Mailing Address 64 INVERNESS DR. E. ENGLEWOOD, CO 80112		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 41-1593263
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324				7. Name and Address of New Registered Agent
				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEDLUND, STEVE	NAME		
STREET ADDRESS	6420 SYCAMORE LANE, SUITE 100	STREET ADDRESS		
CITY-ST-ZIP	MAPLE GROVE, MN 55369	CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDRICKS, RICHARD	NAME		
STREET ADDRESS	6420 SYCAMORE LANE, SUITE 100	STREET ADDRESS		
CITY-ST-ZIP	MAPLE GROVE, MN 55369	CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOOLERY, MORRIS	NAME		
STREET ADDRESS	6420 SYCAMORE LANE, SUITE 100	STREET ADDRESS		
CITY-ST-ZIP	MAPLE GROVE, MN 55369	CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOGESS, MARK	NAME		
STREET ADDRESS	64 INVERNESS DR. E.	STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, CO 80112	CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAMES, LAURA A	NAME		
STREET ADDRESS	2575 VISTA DEL MAR DR.	STREET ADDRESS		
CITY-ST-ZIP	VENTURA, CA 93001	CITY-ST-ZIP		
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHEDLER, PAUL	NAME	Assistant Treasurer Terry Lusk	
STREET ADDRESS	2575 VISTA DEL MAR DR.	STREET ADDRESS	64 Inverness Drive East	
CITY-ST-ZIP	VENTURA, CA 93001	CITY-ST-ZIP	Englewood, CO 80112	
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: 		Date: 1/21/05		Daytime Phone #: (303) 728-7428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #

50010881



01202005 Chg-P CR2E034 (10/03)