

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90340 003 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000001100

1. Entity Name
EHLERT PUBLISHING GROUP, INC.



40049374

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

03312006 Chg-P CR2E034 (11/05)

4. FEI Number

41-1593263

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HEDLUND, STEVE	
STREET ADDRESS	6420 SYCAMORE LANE, SUITE 100	
CITY-ST-ZIP	MAPLE GROVE, MN 55369	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HENDRICKS, RICHARD	
STREET ADDRESS	6420 SYCAMORE LANE, SUITE 100	
CITY-ST-ZIP	MAPLE GROVE, MN 55369	
TITLE	V	<input type="checkbox"/> Delete
NAME	WOOLERY, MORRIS	
STREET ADDRESS	6420 SYCAMORE LANE, SUITE 100	
CITY-ST-ZIP	MAPLE GROVE, MN 55369	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BOGGESS, MARK	
STREET ADDRESS	64 INVERNESS DR. E.	
CITY-ST-ZIP	ENGLEWOOD, CO 80112	
TITLE	S	<input type="checkbox"/> Delete
NAME	JAMES, LAURA A	
STREET ADDRESS	2575 VISTA DEL MAR DR.	
CITY-ST-ZIP	VENTURA, CA 93001	
TITLE	AT	<input type="checkbox"/> Delete
NAME	LUSK, TERRY	
STREET ADDRESS	64 INVERNESS DRIVE EAST	
CITY-ST-ZIP	ENGLEWOOD, CO 80112	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Wolfe	
STREET ADDRESS	2575 Vista Del Mar Drive	
CITY-ST-ZIP	Ventura, CA 93001	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry Lusk

3/3/06

DATE

Daytime Phone #