

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

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



02022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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
After May 1, 2007 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
NAME HEDLUND, STEVE
STREET ADDRESS 6420 SYCAMORE LANE, SUITE 100
CITY-ST-ZIP MAPLE GROVE, MN 55369

TITLE VD
NAME HENDRICKS, RICHARD
STREET ADDRESS 6420 SYCAMORE LANE, SUITE 100
CITY-ST-ZIP MAPLE GROVE, MN 55369

TITLE V
NAME WOOLERY, MORRIS
STREET ADDRESS 6420 SYCAMORE LANE, SUITE 100
CITY-ST-ZIP MAPLE GROVE, MN 55369

TITLE CFO
NAME WOLFE, TOM
STREET ADDRESS 2575 VISTA DEL MAR DR
CITY-ST-ZIP VENTURA, CA 93001

TITLE S
NAME JAMES, LAURA A
STREET ADDRESS 2575 VISTA DEL MAR DR.
CITY-ST-ZIP VENTURA, CA 93001

TITLE AT
NAME LUSK, TERRY
STREET ADDRESS 64 INVERNESS DRIVE EAST
CITY-ST-ZIP ENGLEWOOD, CO 80112

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02/28/07-80047-012 150.00

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IN THIS SPACE**

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

Date

Daytime Phone #

2/3/07

(303) 728-7423