


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**

DO NOT WRITE IN THIS SPACE



02022007 No Chg-P CR2E034 (11/05)

4. FEI Number 41-1593263	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	P HEDLUND, STEVE 6420 SYCAMORE LANE, SUITE 100 MAPLE GROVE, MN 55369
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENDRICKS, RICHARD 6420 SYCAMORE LANE, SUITE 100 MAPLE GROVE, MN 55369
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOOLERY, MORRIS 6420 SYCAMORE LANE, SUITE 100 MAPLE GROVE, MN 55369
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO WOLFE, TOM 2575 VISTA DEL MAR DR VENTURA, CA 93001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAMES, LAURA A 2575 VISTA DEL MAR DR. VENTURA, CA 93001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LUSK, TERRY 64 INVERNESS DRIVE EAST ENGLEWOOD, CO 80112

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 02/28/07-80047-012 150.00

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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: Terry Lusk **2/3/07** **(303)728-7423**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #