

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001100

FILED
Apr 15, 2009
Secretary of State

Entity Name: EHLERT PUBLISHING GROUP, INC.

Current Principal Place of Business:

6420 SYCAMORE LANE, SUITE 100
MAPLE GROVE, MN 55369

New Principal Place of Business:

Current Mailing Address:

64 INVERNESS DR. E.
ENGLEWOOD, CO 80112

New Mailing Address:

FEI Number: 41-1593263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HEDLUND, STEVE
Address: 6420 SYCAMORE LANE, SUITE 100
City-St-Zip: MAPLE GROVE, MN 55369

Title: VD () Delete
Name: HENDRICKS, RICHARD
Address: 6420 SYCAMORE LANE, SUITE 100
City-St-Zip: MAPLE GROVE, MN 55369

Title: V () Delete
Name: WOOLERY, MORRIS
Address: 6420 SYCAMORE LANE, SUITE 100
City-St-Zip: MAPLE GROVE, MN 55369

Title: CFO () Delete
Name: WOLFE, TOM
Address: 2575 VISTA DEL MAR DR
City-St-Zip: VENTURA, CA 93001

Title: S () Delete
Name: JAMES, LAURA A
Address: 2575 VISTA DEL MAR DR.
City-St-Zip: VENTURA, CA 93001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM WOLFE

CFO

04/15/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date