

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001515

FILED
Jan 14, 2009
Secretary of State

Entity Name: CEDAR VALLEY EXTERIORS, INC.

Current Principal Place of Business:

1975 E. SUNRISE BLVD #612
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

1700 93RD LANE NE
BLAINE, MN 55449

New Mailing Address:

9145 SPRINGBROOK DR., NW
SUITE 105
COON RAPIDS, MN 55433

FEI Number: 41-1935618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REILLY, FRANK V ESQ.
600 CORPORATE DRIVE
SUITE 320
FORT LAUDERDALE, FL 33334 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: CEO () Delete
Name: HAUSMANN, JEFF
Address: 17640 DURANT STREET NE
City-St-Zip: HAM LAKE, MN 55304

Title: PRES () Delete
Name: MANNELLA, FRANK
Address: 149 IBIS ST.
City-St-Zip: FT. MYERS BEACH, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: FRANK A. MANNELLA

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date