

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90059 021 \*\*\*150.00

<b>DOCUMENT # F04000001887</b> 1. Entity Name: <b>LIFETOUCH PUBLISHING INC.</b>					
Principal Place of Business <b>11000 VIKING DRIVE, SUITE 430</b> <b>EDEN PRAIRIE, MN 55344</b>			Mailing Address <b>11000 VIKING DRIVE, SUITE 430</b> <b>EDEN PRAIRIE, MN 55344</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>44-0616557</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HARMEL, PAUL 11000 VIKING DRIVE, SUITE 430 EDEN PRAIRIE, MN 55344	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ BLAIR, MIKE 11000 VIKING DRIVE EDEN PRAIRIE, MN 55344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARKER, JAKE 11000 VIKING DRIVE, SUITE 430 EDEN PRAIRIE, MN 55344	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ ADAMSON, KAREN 11000 VIKING DRIVE EDEN PRAIRIE, MN 55344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPC HICKEY, PATRICK 11000 VIKING DRIVE, SUITE 430 EDEN PRAIRIE, MN 55344	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CALPUS, WILLIAM 11000 VIKING DRIVE, SUITE 430 EDEN PRAIRIE, MN 55344	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRAMER, SHEILA 11000 VIKING DRIVE, SUITE 430 EDEN PRAIRIE, MN 55344	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WRENHOLT, RON 11000 VIKING DRIVE, SUITE 430 EDEN PRAIRIE, MN 55344	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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			Date: <u>1/20/05</u> Daytime Phone #: <u>952/820-4426</u>		