

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004073

FILED  
Jan 04, 2006  
Secretary of State

Entity Name: BIRCHWOOD TRADING, INC.

**Current Principal Place of Business:**

2083 LAMPLIGHT CIRCLE  
WOODBURY, MN 55125

**New Principal Place of Business:**

**Current Mailing Address:**

2083 LAMPLIGHT CIRCLE  
WOODBURY, MN 55125

**New Mailing Address:**

FEI Number: 41-1735055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 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: PD ( ) Delete  
Name: STONE, JOHN R  
Address: 2083 LAMPLIGHT CIRCLE  
City-St-Zip: WOODBURY, MN 55125

Title: VD ( ) Delete  
Name: STONE, ANNE M  
Address: 2083 LAMPLIGHT CIRCLE  
City-St-Zip: WOODBURY, MN 55125

**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 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: JOHN R. STONE

PD

01/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date