2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# F04000004373

Entity Name: FULCRUM WHOLE-LIFE PLANNING SERVICES, INC.

Current Principal Place of Business:

2307 TIMBERLEA DRIVE
WOODBURY, MN 55125

New Principal Place of Business:

Current Mailing Address:

2307 TIMBERLEA DRIVE
WOODBURY, MN 55125

New Mailing Address:

FEI Number: 90-0186873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEKEL, JON
2280 SHEPARD STREET #604
JACKSONVILLE, FL 32211 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

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: JOHNSON, PAUL O
Address: 1077 SIBLEY MEMORIAL HIGHWAY, UNIT 403
City-St-Zip: ST. PAUL, MN 55118

Title: VC ( ) Delete
Name: HEDBERG, PATRICIA
Address: 1021 LINCOLN AVE.
City-St-Zip: ST. PAUL, MN 55105

Title: D ( ) Delete
Name: KNUDSON, L. EDWARD
Address: 9508 WORDSWORTH AVE.
City-St-Zip: GIG HARBOR, WA

Title: D ( ) Delete
Name: LEE, JERRY
Address: 15805 HOLDRIDGE RD E
City-St-Zip: WAYZATA, MN 55391

Title: P ( ) Delete
Name: PEKEL, JON
Address: 2307 TIMBERLEA DRIVE
City-St-Zip: WOODBURY, MN 55125

Title: VP ( ) Delete
Name: MINER, PHILLIP
Address: 2307 TIMBERLEA DRIVE
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:

Title: D (X) Change ( ) Addition
Name: NORTH, JOHN
Address: 2280 SHEPARD STREET -- UNIT 406
City-St-Zip: JACKSONVILLE, FL 32211

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON PEKEL P 04/28/2006

Electronic Signature of Signing Officer or Director — Date