

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004373

FILED  
Jan 04, 2007  
Secretary of State

**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: NORTH, JOHN  
Address: 2280 SHEPARD STREET -- UNIT 406  
City-St-Zip: JACKSONVILLE, FL 32211

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: ( ) 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 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

MR.

01/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date