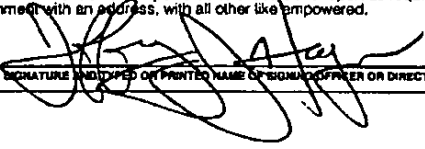


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-03-2005 90040 045 ****61.25

DOCUMENT # F04000006128					
1. Entity Name HILL CITIES, INC.					
Principal Place of Business 5615 NORTH DANUBE ROAD FRIDLEY, MN 55432			Mailing Address 5615 NORTH DANUBE ROAD FRIDLEY, MN 55432		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 41-1991398	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ESCOBAR, FRIEDA 14314 NW FOURTEENTH STREET PEMBROKE PINES, FL 33028				Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sign)					
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS					
TITLE	PC	☐ Delete			
NAME	HAGEN, JEFF				
STREET ADDRESS	5615 NORTH DANUBE ROAD				
CITY-ST-ZIP	FRIDLEY, MN 55432				
TITLE	V	☐ Delete			
NAME	ESCOBAR, RIC				
STREET ADDRESS	14314 NW FOURTEENTH STREET				
CITY-ST-ZIP	PEMBROKE PINES, FL 33028				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
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TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ☐ Change ☐ 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 617, 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: 					
1-20-05 7635713433					

TO WHOM CONCERNED,
Please Direct
Your INFORMATION
to FRIEDA ESCOBAR
in FIELD 7
From now on.
Thanks, JEFF HAGEN