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	Mailing Address
5615 NORTH DANUBE ROAD FRIDLEY, MN 55432	5615 NORTH DANUBE ROAD FRIDLEY, MN 55432

01182005 Chg-NP CR2E037 (10/03)

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 41-1491398 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 o
the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signs

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			11.		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC HAGEN, JEFF 5615 NORTH DANUBE ROAD FRIDLEY, MN 55432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ESCOBAR, RIC 14314 NW FOURTEENTH STREET PEMBROKE PINES, FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

TO WHOM CONCERNED,
PLEASE DIRECT YOUR INFORMATION TO FRIEDA ESCOBAR IN FIELD 7 FROM NOW ON.
THANKS, JEFF HAGEN

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #