2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006209

Entity Name: STRONGFORM, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 208 BAKER ST N DEER CREEK, MN 56527 LIS **Current Mailing Address: New Mailing Address:** P.O. BOX 315 DEER CREEK, MN 56527 US FEI Number: 04-3700675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete Title: (X) Change () Addition ASTLE, PENNIE ASTLE, PENNIE PRESIDE Name: Name: 29744 530TH AVE 29744 530TH AVE Address: Address: City-St-Zip: DEER CREEK, MN 56527 US City-St-Zip: DEER CREEK, MN 56527 US Title: VΡ Title: () Delete (X) Change () Addition Name: THOMAS, DUANE Name: THOMAS, DUANE VICEPRE P.O. BOX 315 P.O. BOX 315 Address: Address: DEER CREEK, MN 56527 US DEER CREEK, MN 56527 US City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: () Delete ROSSELOT, WILLIAM J TREAS ROSSELOT, WILLIAM J DIRECTO Name: Name: 434 OAK VILLAGER DR 434 OAK VILLAGER DR Address: Address: City-St-Zip: COLUMBUS, OH 43207 US City-St-Zip: COLUMBUS, OH 43207 US Title: () Delete Title: () Change (X) Addition THOMES, SHERYL L SECRETA Name: Name: Address: Address: 208 BAKER ST N City-St-Zip: City-St-Zip: DEER CREEK, MN 56527 US Title: Title: () Change (X) Addition () Delete THOMES, SHERYL L TREASUR Name: Name: Address: Address: 208 BAKER ST N DEER CREEK, MN 56527 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PENNIE ASTLE PRES 04/14/2009