## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000006520

FILED Mar 25, 2009 Secretary of State

Entity Na	me: DC GROUP INC WHEN POWER IS	S CRITICAL		
Current P	Principal Place of Business:	New Principa	New Principal Place of Business:	
	ST RIVER ROAD NORTH OLIS, MN 55411		1977 WEST RIVER RD NORTH MINNEAPOLIS, MN 55411 US	
Current N	lailing Address:	New Mailing	New Mailing Address:	
	ST RIVER ROAD NORTH OLIS, MN 55411		1977 WEST RIVER RD NORTH MINNEAPOLIS, MN 55411 US	
FEI Number: FEI Number Applied For ( ) FEI		FEI Number Not Applicat	ole (X) Certificate of Status Desired ( )	
Name and	Address of Current Registered Agent:	Name and Ad	Idress of New Registered Agent:	
1203 GOV STE 101 TALLAHAS The above	S FILINGS INCORPORATED /ERNORS SQUARE BLVD  SSEE, FL 323012960 US e named entity submits this statement for the e of Florida.	e purpose of changing its r	egistered office or registered agent, or both,	
SIGNATUI	Electronic Signature of Registered A	aent	 Date	
Election Car	mpaign Financing Trust Fund Contribution ( ).	•		
OFFICER	S AND DIRECTORS:	ADDITIONS/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO ( ) Delete FRANK, JONATHAN 110 W. GRANT ST #25 MINNEAPOLIS, MN 55403	Address: 19	(X) Change ()Addition RANK, JONATHAN 977 WEST RIVER RD NORTH INNEAPOLIS, MN 55411	
Title: Name: Address: City-St-Zip:	( ) Delete	Address: 19	() Change (X) Addition RANK, JONATHAN 977 WEST RIVER RD NORTH INNEAPOLIS, MN 55411	
Title: Name: Address: City-St-Zip:	( ) Delete	Address: 19	( ) Change (X) Addition RANK, JONATHAN 977 WEST RIVER RD NORTH INNEAPOLIS, MN 55411	
Title: Name: Address: City-St-Zip:	( ) Delete	Address: 19	( ) Change (X) Addition RANK, JONATHAN 977 WEST RIVER RD NORTH INNEAPOLIS, MN 55411	
Title: Name: Address: City-St-Zip:	( ) Delete	Address: 19	() Change (X) Addition RANK, JONATHAN 977 WEST RIVER RD NORTH INNEAPOLIS, MN 55411	

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: PATTI BEAN Ρ 03/25/2009