# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 03, 2007**
**Secretary of State**

DOCUMENT# F05000005014

**Entity Name:** SATORIS AMERICA, INC.

**Current Principal Place of Business:**

1403 HERITAGE DR.
SUITE B
NORTHFIELD, MN 55057

**New Principal Place of Business:**

1403 HERITAGE DR.
SUITE B
NORTHFIELD, MN 55057 US

**Current Mailing Address:**

1403 HERITAGE DR.
SUITE B
NORTHFIELD, MN 55057

**New Mailing Address:**

1403 HERITAGE DR.
SUITE B
NORTHFIELD, MN 55057 US

**FEI Number: 20-1819175** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOHLFARTH, DIRK
651 ANCHOR POINT
DELRAY BEACH, FL 33444 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete
Name: STULL, JOHN
Address: 640 4TH STREET EAST
City-St-Zip: NORTHFIELD, MN 55057

Title: PCEO ( ) Delete
Name: BARTH, OLIVER
Address: ADELBYER KIRCHENWEG 42
City-St-Zip: 24943 FLENSBURG, GERMANY,

Title: V ( ) Delete
Name: PEPPMUELLER, KIRSTEN
Address: NIEBUHRSTRASSE 12
City-St-Zip: KIEL, GERMANY, D-2418

Title: D (X) Delete
Name: HUSCHENBETT, ROLF
Address: KIEBITZBEK 22
City-St-Zip: KIEL, GERMANY, D24149

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition
Name: STULL, JOHN
Address: 640 4TH STREET EAST
City-St-Zip: NORTHFIELD, MN 55057 US

Title: PCEO (X) Change ( ) Addition
Name: BARTH, OLIVER
Address: ADELBYER KIRCHENWEG 42
City-St-Zip: FLENSBURG, -- 24943 DE

Title: S (X) Change ( ) Addition
Name: GALL, CAROL A
Address: 903 2ND AVE NW
City-St-Zip: FARIBAULT, MN 55021 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL A GALL S 01/03/2007

Electronic Signature of Signing Officer or Director Date