


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # F05000006009 1. Entity Name NORTH STAR CONSULTANTS, INC. |  |
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| Principal Place of Business 999 BRICKELL AVENUE, SUITE 401 MIAMI, FL 33131 | Mailing Address 999 BRICKELL AVENUE, SUITE 401 MIAMI, FL 33131 |
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01102006 No Chg-P CR2E034 (11/05)

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|------------------------------------|--|
| 4. FEI Number 41-0948436 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GREER, DAVID 999 BRICKELL AVENUE, SUITE 401 MIAMI, FL 33131 |
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE David Greer DATE 01/10/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | C RICHARDS, PHILLIP 2701 UNIVERSITY AVENUE SE, SUITE 100 MINNEAPOLIS, MN 55414 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPT RICHARDS, SCOTT 2701 UNIVERSITY AVENUE SE, SUITE 100 MINNEAPOLIS, MN 55414 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVS VASOS, DAVID 2701 UNIVERSITY AVENUE SE, SUITE 100 MINNEAPOLIS, MN 55414 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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01/13/06-80032-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Greer DATE 01/10/06 305-374-6893x10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #