## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000006580

Entity Name: KLEINBANK, INC.

FILED May 22, 2006 Secretary of State

Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
611 ROSE   BIG LAKE,					
Current Mailing Address:			New Mailing Add	New Mailing Address:	
7900 WEST 78TH STREET EDINA, MN 55439				1550 AUDUBON ROAD CHASKA, MN 55318	
FEI Number:	41-0190785	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331 US					
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	c Signature of Registered Agent		Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title:	` '	Delete	Title:	() Change () Addition	
Name: Address: City-St-Zip:	KLEIN, DANIEL 1550 AUDUBON CHASKA, MN 55	ROAD, P.O. BOX 487 3318	Name: Address: City-St-Zip:		
Title:	. ,	Delete	Title:	( ) Change ( ) Addition	
Name: Address: City-St-Zip:	KLEIN, JIM 1550 AUDUBON CHASKA, MN 55	ROAD, P.O. BOX 487 3318	Name: Address: City-St-Zip:		
Title:		Delete	Title:	() Change () Addition	
Name: Address:	KLEIN, ALAN 1550 AUDUBON	ROAD, P.O. BOX 487	Name: Address:		
City-St-Zip:	CHASKA, MN 55	5318	City-St-Zip:		
Title: Name:	D ()[ RUTH, GEORGE		Title: Name:	() Change () Addition	
Address:	1550 AUDUBON	ROAD, P.O. BOX 487	Address:		
City-St-Zip:	CHASKA, MN 55	318	City-St-Zip:		
Title: Name:	S ()[	Delete DGER	Title: Name:	() Change () Addition	
Address:	1550 AUDUBON	ROAD, P.O. BOX 487	Address:		
City-St-Zip:	CHASKA, MN 55		City-St-Zip:		
Title: Name:	T ()[ SEIB, RON	Delete	Title: Name:	() Change () Addition	
Address:		ROAD, P.O. BOX 487	Address:		
City-St-Zip:	OHASINA, IVIIN 50	5510	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: GEORGE RUTH CBO 05/22/2006