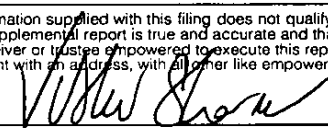


FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90265 013 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F06000000057			
1. Entity Name JOHN B. COLLINS ASSOCIATES, INC.			
Principal Place of Business 8300 NORMAN CENTER DR., SUITE 1277 BLOOMINGTON, MN 55437		Mailing Address 8300 NORMAN CENTER DR., SUITE 1277 BLOOMINGTON, MN 55437	
2. Principal Place of Business - No P.O. Box # 8500 Normandale Lake Blvd		3. Mailing Address 8500 Normandale Lake Blvd	
Suite, Apt. #, etc. #2400		Suite, Apt. #, etc. #2400	
City & State MPIS MN		City & State MPIS MN	
Zip 55437		Zip 55437	
Country USA		Country USA	
4. FEI Number 41-1592062		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAGARE, JEFF 2202 NW SHORE BLVD., SUITE 200 TAMPA, FL 33607		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C. COLLINS, JOHN B 8300 NORMAN CENTER DR., SUITE 1277 BLOOMINGTON, MN 55437 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8500 Normandale Lake Blvd #2400 MPIS, MN 55437 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DENZER, PATRICK J 8300 NORMAN CENTER DR., SUITE 1277 BLOOMINGTON, MN 55437 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8500 Normandale Lake Blvd #2400 MPIS, MN 55437 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD DONOHUE, ROBERT D 8300 NORMAN CENTER DR., SUITE 1277 BLOOMINGTON, MN 55437 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8500 Normandale Lake Blvd #2400 MPIS, MN 55437 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD SHARMA, VIBHU 8300 NORMAN CENTER DR., SUITE 1277 BLOOMINGTON, MN 55437 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8500 Normandale Lake Blvd #2400 MPIS MN 55437 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV BENJAMIN, ROBERT M 8300 NORMAN CENTER DR., SUITE 1277 BLOOMINGTON, MN 55437 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8500 Normandale Lake Blvd #2400 MPIS MN 55437 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BILOT, DANIEL A 8300 NORMAN CENTER DR., SUITE 1277 BLOOMINGTON, MN 55437 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8500 Normandale Lake Blvd #2400 MPIS MN 55437 ☒ Change ☐ Addition
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: 		4/18/07 (952) 820-1022	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	