**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.

40077564

| Principal Place of Business | Mailing Address |
|---|---|
| 8300 NORMAN CENTER DR., SUITE 1277<br>BLOOMINGTON, MN 55437 | 8300 NORMAN CENTER DR., SUITE 1277<br>BLOOMINGTON, MN 55437 |

04182007 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 8500 Normandale Lake Blvd | 8500 Normandale Lake Blvd |
| Suite, Apt. #, etc.<br>#2400 | Suite, Apt. #, etc.<br>#2400 |
| City & State<br>Mpls MN | City & State<br>Mpls MN |
| Zip<br>55437 | Country<br>USA |
| Zip<br>55437 | Country<br>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 | 7. Name and Address of New Registered Agent |
|---|---|
| LAGARE, JEFF<br>2202 NW SHORE BLVD., SUITE 200<br>TAMPA, FL 33607 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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: _____ DATE
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, 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.<br>COLLINS, JOHN B<br>8300 NORMAN CENTER DR., SUITE 1277<br>BLOOMINGTON, MN 55437 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>8500 Normandale Lake Blvd #2400<br>Mpls, MN 55437 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PCEO<br>DENZER, PATRICK J<br>8300 NORMAN CENTER DR., SUITE 1277<br>BLOOMINGTON, MN 55437 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>8500 Normandale Lake Blvd #2400<br>Mpls, MN 55437 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | EVD<br>DONOHOE, ROBERT D<br>8300 NORMAN CENTER DR., SUITE 1277<br>BLOOMINGTON, MN 55437 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>8500 Normandale Lake Blvd #2400<br>Mpls, MN 55437 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | EVD<br>SHARMA, VIBHU<br>8300 NORMAN CENTER DR., SUITE 1277<br>BLOOMINGTON, MN 55437 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>8500 Normandale Lake Blvd #2400<br>Mpls MN 55437 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | EV<br>BENJAMIN, ROBERT M<br>8300 NORMAN CENTER DR., SUITE 1277<br>BLOOMINGTON, MN 55437 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>8500 Normandale Lake Blvd #2400<br>Mpls MN 55437 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>BILOT, DANIEL A<br>8300 NORMAN CENTER DR., SUITE 1277<br>BLOOMINGTON, MN 55437 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>8500 Normandale Lake Blvd #2400<br>Mpls MN 55437 |

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 #