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 BLOOMINGTON, MN 55437	8300 NORMAN CENTER DR., SUITE 1277 BLOOMINGTON, MN 55437

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8500 Normandale Lake Blvd	8500 Normandale Lake Blvd
Suite, Apt. #, etc. #2400	Suite, Apt. #, etc. #2400
City & State Mpls MN	City & State Mpls MN
Zip 55437 Country USA	Zip 55437 Country USA

04182007 Chg-P CR2E034 (12/06)

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 2202 NW SHORE BLVD., SUITE 200 TAMPA, FL 33607	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: _____
Signature, typed or printed name of registered agent and title if applicable. (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 C ☐ Delete		TITLE ☒ Change ☐ Addition	
NAME COLLINS, JOHN B		NAME	8500 Normandale Lake Blvd #2400
STREET ADDRESS 8300 NORMAN CENTER DR., SUITE 1277		STREET ADDRESS	Mpls, MN 55437
CITY-ST-ZIP BLOOMINGTON, MN 55437		CITY-ST-ZIP	
TITLE PCEO ☐ Delete		TITLE ☒ Change ☐ Addition	
NAME DENZER, PATRICK J		NAME	8500 Normandale Lake Blvd #2400
STREET ADDRESS 8300 NORMAN CENTER DR., SUITE 1277		STREET ADDRESS	Mpls, MN 55437
CITY-ST-ZIP BLOOMINGTON, MN 55437		CITY-ST-ZIP	
TITLE EVD ☐ Delete		TITLE ☒ Change ☐ Addition	
NAME DONOHOE, ROBERT D		NAME	8500 Normandale Lake Blvd #2400
STREET ADDRESS 8300 NORMAN CENTER DR., SUITE 1277		STREET ADDRESS	Mpls, MN 55437
CITY-ST-ZIP BLOOMINGTON, MN 55437		CITY-ST-ZIP	
TITLE EVD ☐ Delete		TITLE ☒ Change ☐ Addition	
NAME SHARMA, VIBHU		NAME	8500 Normandale Lake Blvd #2400
STREET ADDRESS 8300 NORMAN CENTER DR., SUITE 1277		STREET ADDRESS	Mpls MN 55437
CITY-ST-ZIP BLOOMINGTON, MN 55437		CITY-ST-ZIP	
TITLE EV ☐ Delete		TITLE ☒ Change ☐ Addition	
NAME BENJAMIN, ROBERT M		NAME	8500 Normandale Lake Blvd #2400
STREET ADDRESS 8300 NORMAN CENTER DR., SUITE 1277		STREET ADDRESS	Mpls MN 55437
CITY-ST-ZIP BLOOMINGTON, MN 55437		CITY-ST-ZIP	
TITLE V ☐ Delete		TITLE ☒ Change ☐ Addition	
NAME BILOT, DANIEL A		NAME	8500 Normandale Lake Blvd #2400
STREET ADDRESS 8300 NORMAN CENTER DR., SUITE 1277		STREET ADDRESS	Mpls MN 55437
CITY-ST-ZIP BLOOMINGTON, MN 55437		CITY-ST-ZIP	

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 #