2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# F06000007232

Entity Name: ACI OF MINNESOTA, INC.

Current Principal Place of Business:

5145 INDUSTRIAL STREET SUITE 103
MAPLE PLAIN, MN 55359

New Principal Place of Business:

Current Mailing Address:

5145 INDUSTRIAL STREET SUITE 103
MAPLE PLAIN, MN 55359

New Mailing Address:

FEI Number: 41-1632917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHECK MATE LICENSING SERVICE
4411 BEE RIDGE ROAD #257
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

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 Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: VASSALLO, ROBERT J
Address: 6951 JUBERT LANE
City-St-Zip: CORCORAN, MN 55340

Title: VPT ( ) Delete
Name: CARLSON, PETER
Address: 7275 TURNER ROAD
City-St-Zip: MAPLE PLAIN, MN 55359

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PETER CARLSON VPT 01/18/2008

Electronic Signature of Signing Officer or Director Date