

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004853

FILED
Jun 26, 2009
Secretary of State

Entity Name: RESPIRATORY TECHNOLOGIES, INC.

Current Principal Place of Business:

1380 ENERGY LANE
SUITE 113
ST. PAUL, MN 55108

New Principal Place of Business:

2896 CENTRE POINTE DRIVE
ST. PAUL, MN 55113

Current Mailing Address:

1380 ENERGY LANE
SUITE 113
ST. PAUL, MN 55108

New Mailing Address:

2896 CENTRE POINTE DRIVE
ST. PAUL, MN 55113

FEI Number: 77-0633673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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: PD () Delete
Name: EHLEN, K. JAMES
Address: 4221 WOODLAND TRAIL
City-St-Zip: GOLDEN VALLEY, MN 55422

Title: D () Delete
Name: BROWN, WILLIAM
Address: 7825 WASHINGTON AVENUE #500
City-St-Zip: BLOOMINGTON, MN 55439

Title: D () Delete
Name: KINCADE, ROBERT
Address: 2550 UNIVERSITY AVENUE WEST #180
City-St-Zip: SOUTH ST. PAUL, MN 55114

Title: S () Delete
Name: MERTZ, PAMELA K
Address: 5887 QUALE AVENUE NE
City-St-Zip: ST. MICHAEL, MN 55439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: M. KAY FULL

CFO

06/26/2009

Electronic Signature of Signing Officer or Director

Date