

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001726

Entity Name: ENERGY ECONOMICS, INC.

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 220
DODGE CENTER, MN 55927

New Principal Place of Business:

109 SOUTH STREET SE
DODGE CENTER, MN 55927

Current Mailing Address:

P.O. BOX 220
DODGE CENTER, MN 55927

New Mailing Address:

FEI Number: 41-1243122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
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: DONALDSON, MARK
Address: 509 5TH AVENUE NW
City-St-Zip: KASSON, MN 55944

Title: SD () Delete
Name: HULSEBUS, JIM
Address: 4224 2ND ST NW
City-St-Zip: ROCHESTER, MN 55901

Title: DC () Delete
Name: DONALDSON, RUTH E
Address: RT 1 BOX 341
City-St-Zip: DODGE CENTER, MN 55927

Title: TD () Delete
Name: CONNELLY, DICK
Address: 402 6TH AVE NW
City-St-Zip: DODGE CENTER, MN 55927

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 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: JIM HULSEBUS

SD

04/18/2007

Electronic Signature of Signing Officer or Director

Date