

2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 03, 2007
Secretary of State**

DOCUMENT# F95000002841

Entity Name: CEDARLEAF, CEDARLEAF, & CEDARLEAF, INC.

Current Principal Place of Business:

360 WEST LARPEN TEUR AVE
ST. PAUL, MN 55113 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 64717
ST. PAUL, MN 55164

New Mailing Address:

FEI Number: 41-0709687 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: DOUGHERTY, DENNIS R
Address: 81 EDGE CUMBE DR.
City-St-Zip: MAHTOMEDI, MN 55115

Title: DST () Delete
Name: CEDARLEAF, JACK S II
Address: 927 ARCWOOD ROAD
City-St-Zip: MAHTOMEDI, MN 55115

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 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: JACK S. CEDARLEAF II

DST

01/03/2007

Electronic Signature of Signing Officer or Director

_____ Date