2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2006 8:00 am Secretary of State

DOCU 1. Entity Nam HOMECO					01-24-2006 9	900120	36130	J.00			
Principal Place of Business 8400 NORMANDALE LAKE BLVD. SUITE 600 MINNEAPOLIS, MN 55437			Mailing Address ONE MERIDIAN CROSSINGS SUITE 100 MINNEAPOLIS, MN 55423 US			E IZONIEO GIO (DIES STATE BOUN SOM OCH	i edini dardi d	IIIFI BIBII IBBB (F	1/201 II: 1/201	
Principal Place of Business 8400 Normandale Lake Boulevard			3. Mailing Address One Meridian Crossings								
Suite, Apt. #, etc. Suite 250 City & State		Sı	Suite, Apt. #, etc. Suite 100, 03-02-20				01062006	Chg-P	CR2E)34 (11/05)	
Minneapolis, Minnesota			City & State Richfield, Minnesota				4. FEI Number 51-0369			——————————————————————————————————————	optied For ot Applicable
Zip 55437	Country United States	55	Zip 5 423	Coun United	try d States	6		f Status Desired		\$8.75 Add Fee Require	litional
	6. Name and Address of C	urrent Regi:	stered Agent		Nama		7. Name and A	ddress of New R	egistered .	Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Name Street Address (P.O. Box Number is Not Acceptable)						
					City				FL	Zip Cod	e
8. The above named entity submits this statement for the purpose of changing its req					L ed office or	r register	ed agent, or both	, in the State of Flo	rida. I am	familiar with,	and accept
the obligat	tions of registered agent.										
SIGNATURE_	Signature, typed or printed name of registere	ed agent and title	e if applicable. (NOT	É: Registere	d Agent signati	ure required	when reinstating)		DATE		·
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Trust Fund Contribu					ncing	\$5.	00 May Be				
		550.00	Trust Fund Con				ed to Fees				
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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 cath; 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.

CRANTURE:

**White Manual Control of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicates. I further certify that the information indicates in the information indicates in the information indicates. I further certify that the information indicates in the information in the informatio