2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# F96000003767

Entity Name: SCHWAN'S BAKERY, INC.

Current Principal Place of Business:

2855 ROLLING PIN LANE
SUWANEE, GA 30024 US

New Principal Place of Business:

Current Mailing Address:

115 W. COLLEGE DR
MARSHALL, MN 56258 US

New Mailing Address:

FEI Number: 58-1972868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: OBERKFELL, LAWRENCE
Address: 2855 ROLLING PIN LANE
City-St-Zip: SUWANEE, GA 30024

Title: CFO ( ) Delete
Name: LEFFELMAN, THOMAS
Address: 115 W. COLLEGE DRIVE
City-St-Zip: MARSHALL, MN 56258

Title: S ( ) Delete
Name: SATTLER, BRIAN R
Address: 115 W. COLLEGE DRIVE
City-St-Zip: MARSHALL, MN 56258

Title: D ( ) Delete
Name: DIPPIN, M. LENNY
Address: 115 W. COLLEGE DR.
City-St-Zip: MARSHALL, MN 56258

Title: D (X) Delete
Name: BURR, TRACY L
Address: 115 W. COLLEGE DR.
City-St-Zip: MARSHALL, MN 56258

Title: D (X) Delete
Name: OBERKFELL, LAWRENCE
Address: 2855 ROLLING PIN LANE
City-St-Zip: SUWANEE, GA 30024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition
Name: BRINK, CALVIN
Address: 2855 ROLLING PIN LANE
City-St-Zip: SUWANEE, GA 30024

Title: CFOD (X) Change ( ) Addition
Name: BURR, TRACY
Address: 115 W. COLLEGE DRIVE
City-St-Zip: MARSHALL, MN 56258

Title: SD (X) Change ( ) Addition
Name: SATTLER, BRIAN R
Address: 115 W. COLLEGE DRIVE
City-St-Zip: MARSHALL, MN 56258

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: BRIAN SATTLER S 05/03/2007

Electronic Signature of Signing Officer or Director Date