
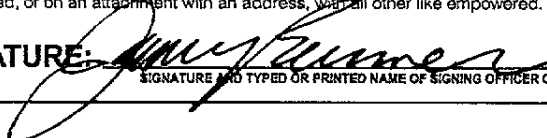


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000004095 1. Entity Name ACTIVAR, INC.		
Principal Place of Business 5765 CORPORATION CIRCLE FORT MYERS, FL 33905	Mailing Address 5765 CORPORATION CIRCLE FORT MYERS, FL 33905	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BAKER, JOHN 5765 CORPORATION CIR. FORT MYERS, FL 33905		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC MCNAMARA, RICHARD F 7808 CREEKRIDGE CIRCLE #200 MINNEAPOLIS, MN 55439	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST REISSNER, JAMES L 7808 CREEKRIDGE CIRCLE #200 MINNEAPOLIS, MN 55439	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/2/06 952 944 <small>Date Online Phone #</small> 3533



03272006 No Chg-P CR2E034 (11/05)

4. FEJ Number 41-1335237	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000538683
05/09/06-80067-022 150.00

**DO NOT WRITE
IN THIS SPACE**