

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
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03272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent
 BAKER, JOHN
 5765 CORPORATION CIR.
 FORT MYERS, FL 33905

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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 _____ (NOTE: Registered Agent signature required when re-stating)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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
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 05/09/06-80067-022 150.00

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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: *[Signature]* 4/2/06 952 944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3533 Office Phone #