

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000006272			
1. Entity Name ALWYN COMPANY, INC. OF MINNESOTA			
Principal Place of Business HIGHWAY 60 EAST LAKE CRYSTAL, MN 56055 US		Mailing Address PO BOX 940 MANKATO, MN 56002	
DO NOT WRITE IN THIS SPACE			
		04072004 No Chg-P CR2E034 (10/03)	
4. FEI Number 41-1313601		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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000126364 04/23/04-80031-002 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P MILLER, JOHN A HIGHWAY 60 EAST LAKE CRYSTAL, MN 56055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V HERLL, MARK G 12156 GRANDVIEW TERRACE APPLE VALLEY, MN 55124	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CD SWEEN, MAURICE A HIGHWAY 60 EAST LAKE CRYSTAL, MN 56055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Mark Herll</u>		4-20-04 507-726-2400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	