

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002876

FILED
Jan 22, 2007
Secretary of State

Entity Name: ADLER MANAGEMENT CORPORATION

Current Principal Place of Business:

401 E. 8TH ST.
SUITE 250A
SIOUX FALLS, SD 57103

New Principal Place of Business:

Current Mailing Address:

401 E. 8TH ST., STE 250A
SUITE 250A
SIOUX FALLS, SD 57103

New Mailing Address:

FEI Number: 46-0445049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: BEDNAROWSKI, KEITH P
Address: 10350 BREN ROAD W
City-St-Zip: MINNETONKA, MN 553439002

Title: VP () Delete
Name: GOHL, KEVIN
Address: 10350 BREN ROAD W
City-St-Zip: MINNETONKA, MN 553439002

Title: D () Delete
Name: RAUENHORST, GERALD
Address: 1300-3RD STREETS., STE 300
City-St-Zip: NAPLES, FL

Title: VPAS () Delete
Name: CAMPA, LUZ
Address: 10350 BREN RD. W.
City-St-Zip: MINNETONKA, MN 55343

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: FLANNIGAN, SUZANNE
Address: 10350 BREN ROAD W
City-St-Zip: MINNETONKA, MN 553439002

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: OFF () Change (X) Addition
Name: BOZESKY, MARGARET
Address: 10350 BREN RD. W.
City-St-Zip: MINNETONKA, MN 55343

I hereby certify that the information supplied with this filing does not qualify for the 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: LUZ CAMPA

VPAS

01/22/2007

Electronic Signature of Signing Officer or Director

_____ Date