2004 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # F97000002954** 1. Entity Name



NATH MI	AMI FRA	NCHISE GROUP,	INC.									
Principal Place of Business 900 EAST 79TH ST STE 300 BLOOMINGTON, MN 55420			9	Mailing Address 900 EAST 79TH ST STE 300 BLOOMINGTON, MN 55420				24045043				
2. Principal P	lace of Busin	iess Q vo E		Mailing Address		Q. NA	=					
900 American BLVD E. Suite, Apt. #, etc. # 300				900 AMERICAN BLVD E. Suite Apr. #, etc. # 300			<u> </u>	04082004	Chg-P	CR2E	034 (10/03)	
City & State 13 LOOM (NOTON, MN)				City & State BLOOMINGTON, MN				4. FEI Numbe 41-187			No	oplied For ot Applicable
55H2		Country US A	<u></u>	Zip 55420	Count	•		L	of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current	Regis	tered Agent		Name		7. Name and	Address of Nev	v Registered	l Agent	
HALL, LORI 2949 NORTH MILITARY TRAIL WEST PALM, FL 33409						LORI HALL Street Address (P.O. Box Number is Not Acceptable) 20403 BISCAYNE BLVD						
						City			4 = 6224		Zip Cod	e
8. The above	named entit	y submits this statement fo	or the p	urpose of changing its	registere	H	register		th, in the State of	Florida. I an	<u> </u>	<u> </u>
	tions of regis				Los	21. ++	ALL			f.08.04		
	Signature, typed	or printed name of registered agent	and title i	f applicable. (NOT	E: Registered	Agent signatu	ire required	when reinstating)		DATE		
		FEE IS \$150.00 4 Fee will be \$550.	00	9. Election Campa Trust Fund Conf		icing		00 May Be ed to Fees				
10.		OFFICERS AND	DIREC	CTORS	11.			ADDITIONS,	CHANGES TO O	FFICERS AN	ID DIRECTOR	S IN 11
TITLE NAME.		AHENDRA	20	☐ Defete	TITLE	Ξ	long A	m = 0100	NBLVDE	#300	Change	Addition
STREET ADDRESS CITY-ST-ZIP	Ş.	T79TH STREET,STE 3 NGTON, MN=55420	.00			ET ADDRESS - ST-ZIP			N M M D 5		392	
TITLE NAME	VSD NATH, AS	•	20	☐ Delete	TITLE	:			BLND.E.=		Change	Addition
STREET ADDRESS CITY-ST-ZIP	4	T79TH STREET,STE 3 IGTON, MN=55420	00			ET ADDRESS -ST-ZIP	400 A	omiNGT	ON, MN 5	52+20-1	392	
TITLE NAME STREET ADDRESS				☐ Delete		E Et address					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAMI STRE		_				☐ Change	Addition
TITLE NAME STREET ADDRESS				☐ Delete	TITLE	- 	<u></u>				Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ Delete	CITY: TITLE NAME	-ST-ZIP					Change	Addition
CITY-ST-ZIP						-ST-ZIP						
indicated of the cor	l on this repo rooration or t	e information supplied with int or supplemental report he receiver or trustee emp achmont with an address	s true a owered	and accurate and that i d to execute this report	my signat : as requi	ture shall h	ave the s	same legal effec	ct as it made und	er oath; that	l am an officer	or director

SIGNATURE:	Alha roath	4.08.04	952.853.1400
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #