## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** DOCUMENT # F97000003265 Apr 14, 2006 08:00 AN Secretary of State 1. Entity Name • INDUSTRIAL FABRICS CORPORATION Mailing Address Principal Place of Business 7160 NORTHLAND CIRCLE 7160 NORTHLAND CIRCLE MINNEAPOLIS, MN 55428 MINNEAPOLIS, MN 55428 No Chg-P CR2E034 (11/05) 03282006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 25-1128448 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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. FIGURE 1 and an experience of a contract contract of the contr DATE Signature typedie or nich name effequate ad agent and the Japa cable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. $\Box$ Added to Fees After May 1, 2006 Fee will be \$550.00 1100000509108 <del>94/20/06-80033-002-150.0</del>0 10. OFFICERS AND DIRECTORS TITLE MUEHLENHAUS, ROLF LAME 13045 38TH AVE N. STREET ADDRESS PLYMOUTH, MN 55441 CITY ST ZIP TITLE WHITTHUHN, DR WILFRIED MALE 120 W, 45TH ST. STREET ADDRESS NEW YORK, NY 100364003 CITY ST 7IP TITLE LAME STREET ADDRESS DO NOT WRITE CITY ST 782 IN THIS SPACE TITLE LAME STREET ADDRESS CITY ST ZIP JID F NAME STREET ADDRESS CITY ST ZIP

12. Thereby 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 office like empowered.

SIGNATURE:

LAME STREET ADDRESS CITY ST ZIP

MATURE AND TYPES OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

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