2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 20, 2006 08:00 AM DOCUMENT # F99000000478 **Secretary of State** BELTMANN GROUP INCORPORATED Principal Place of Business Mailing Address 2480 LONG LAKE ROAD ROSEVILLE MN 55113 2480 LONG LAKE ROAD ROSEVILLE MN 55113 2. Principal Place of Business 3. Mailino Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FE! Number 41-1287134 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE □ Detete TITLE ☐ Change ☐ Addition NAME BATTINA, DANN W MAME STREET ADDRESS 2480 LONG LAKE ROAD STREET AGGRESS CHY-SI-ZIP ROSEVILLE MN 55113 CITY-ST-ZIP 005_150.00 TITLE ☐ Defete Addition MAME ZAGARIA, PAUL A NAME STREET ADDRESS 2480 LONG LAKE ROAD STREET ADDRESS CITY-ST-ZIP ROSEVILLE MN 55113 CITY-ST-ZIP TITLE ☐ Delete ☐ Change 3173 5 ☐ Addition MAME VANKLEY, MARC NAME STREET ADDRESS 7030 BUFORD HWY STREET ADDRESS CITY-ST-ZIP CUTY-ST-7/P ATLANTA GA 30340 TITLE ☐ Delete TOTAL ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP 717) F Delete TOTALE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

oper Kath Staff ATT 3/16/04 651-639-2058

FILED