

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001572

FILED
Apr 29, 2010
Secretary of State

Entity Name: OVATIONS, INC.

Current Principal Place of Business:

UNITEDHEALTH GROUP CENTER
9701 DATA PARK DRIVE
MINNETONKA, MN 55343

New Principal Place of Business:

Current Mailing Address:

UNITEDHEALTH GROUP CENTER
9701 DATA PARK DRIVE
MINNETONKA, MN 55343

New Mailing Address:

FEI Number: 41-1921007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DCEO
Name: RENFRO, LARRY
Address: 9701 DATA PARK DRIVE
City-St-Zip: MINNETONKA, MN 55343

Title: DCFO
Name: LARSEN, JOHN L
Address: 9701 DATA PARK DRIVE
City-St-Zip: MINNETONKA, MN 55343

Title: T
Name: OBERRENDER, ROBERT W
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

Title: S
Name: PALME-KRIZAK, CHRISTINA
Address: 9701 DATA PARK DRIVE
City-St-Zip: MINNETONKA, MN 55343

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINA PALME KRIZAK

S

04/29/2010

Electronic Signature of Signing Officer or Director

Date