

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003680

Entity Name: MINNESOTA HALF MOON, INC.

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

2006 1ST AVE. N.
SUITE 206
ANOKA, MN 55303

New Principal Place of Business:

Current Mailing Address:

2006 1ST AVE. N.
SUITE 206
ANOKA, MN 55303

New Mailing Address:

FEI Number: 41-1683615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, DAVE
12111 GLENCLIFF CIR
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

SMITH, MARK D
5639 SAILFISH DRIVE
APT. D
LUTZ, FL 33558 US

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: MARK D. SMITH

04/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: ANDERSON, DAVE
Address: 12111 GLENCLIFF CIR
City-St-Zip: TAMPA, FL 33626 US

Title: V () Delete
Name: HILL, PAUL
Address: 39 CORMACK ST.
City-St-Zip: BABYLON, NY 11702 US

Title: V (X) Delete
Name: WOLCOTT, DONALD
Address: 12 CAPTAIN'S PPOINT
City-St-Zip: GREENSBORO, NC 27455 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: HILL, PAUL R
Address: 39 CORMACK COURT
City-St-Zip: BABYLON, NY 11702 US

Title: V (X) Change () Addition
Name: WOLCOTT, DON G
Address: 12 CAPTAIN'S POINT
City-St-Zip: GREENSBORO, NC 27455 US

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

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: PAUL HILL

PST

04/23/2007

Electronic Signature of Signing Officer or Director

Date