


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000005095**  
 1. Entity Name  
 ELECTROSONIC SYSTEMS, INC.



Principal Place of Business      Mailing Address  
 10320 BREN ROAD EAST      10320 BREN ROAD EAST  
 MINNETONKA, MN 55343      MINNETONKA, MN 55343

**DO NOT WRITE IN THIS SPACE**



02092005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 41-0989729      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LEHMAN, ERIC  
 4525 VINELAND RD  
 SUITE 209  
 ORLANDO, FL 32811

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CARPENTER, KYLE 10320 BREN ROAD EAST MINNETONKA, MN 55343
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MITCHELL, DAVID 2800 LASALLE PLAZA 800 LASALLE AVENUE MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MEYER, SCOTT 10320 BREN ROAD EAST MINNETONKA, MN 55343
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Scott J Meyer      Scott J Meyer      2/14/05      952 931-2558  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #