


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90106 010 ***150.00

DOCUMENT # F99000005095

1. Entity Name
ELECTROSONIC SYSTEMS, INC.



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

Mailing Address
**10320 BREN ROAD EAST
 MINNETONKA, MN 55343**

00011517



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01302007 Chg-P CR2E034 (12/06)

City & State
 Zip Country

4. FEI Number
41-0989729

Applied For
 Not Applicable

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

5. Name and Address of Current Registered Agent

LEHMAN, ERIC
4525 VINELAND RD
SUITE 209
ORLANDO, FL 32811

Address Change Only →

7. Name and Address of New Registered Agent

Name
LEHMAN, ERIC

Street Address (P.O. Box Number is Not Acceptable)
4501 VINELAND ROAD

SUITE 105

City **ORLANDO** FL Zip Code **32811**

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, 2007 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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MITCHELL, DAVID 2800 LASALLE PLAZA 800 LASALLE AVENUE MINNEAPOLIS, MN 55402	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEYER, SCOTT 10320 BREN ROAD EAST MINNETONKA, MN 55343	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 other like empowered.

SIGNATURE: Scott J Meyer, CFO **Scott J Meyer, CFO** **1/31/07** **952 931-7350**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #