


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90108 043 \*\*\*150.00

**DOCUMENT # H88793**  
 1. Entity Name  
**THOEMKE MANAGEMENT, INC.**



Principal Place of Business      Mailing Address  
**1885 UNIVERSITY AVE**      **PO BOX 4249**  
**SAINT PAUL, MN 55104 US**      **SAINT PAUL, MN 55104 US**

40004784



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

01082007      Chg-P      CR2E034 (12/06)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2657335**      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**THOEMKE, JANA**  
**5790 DIXIE BELL ROAD**  
**PALM BEACH GARDENS, FL 33418**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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 Jana Thoemke      Jana Thoemke      1/12/07  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**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          | PTSD                   | <input type="checkbox"/> Delete |
| NAME           | THOEMKE, JOSEPH        |                                 |
| STREET ADDRESS | 162 PENNSYLVANIA AVE W |                                 |
| CITY-ST-ZIP    | SAINT PAUL, MN 55103   |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                              |                                                                              |
|----------------|------------------------------|------------------------------------------------------------------------------|
| TITLE          | PTSD                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Thoemke, Joseph              |                                                                              |
| STREET ADDRESS | 5790 Dixie Bell Road         |                                                                              |
| CITY-ST-ZIP    | Palm Beach Gardens, FL 33418 |                                                                              |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |                                                                              |
| STREET ADDRESS |                              |                                                                              |
| CITY-ST-ZIP    |                              |                                                                              |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |                                                                              |
| STREET ADDRESS |                              |                                                                              |
| CITY-ST-ZIP    |                              |                                                                              |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |                                                                              |
| STREET ADDRESS |                              |                                                                              |
| CITY-ST-ZIP    |                              |                                                                              |

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 or other like empowered.

SIGNATURE [Signature]      1/12/07      561-627-9563  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #