

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018794

FILED  
Jan 27, 2007  
Secretary of State

Entity Name: ENERCON INTERNATIONAL CORPORATION

**Current Principal Place of Business:**

N69W32681 N. LAKE DR.  
HARTLAND, WI 53029

**New Principal Place of Business:**

**Current Mailing Address:**

N69W32681 N. LAKE DR.  
HARTLAND, WI 53029

**New Mailing Address:**

FEI Number: 20-0110892      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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: PD ( ) Delete  
Name: MANNING, SCOTT  
Address: W140N9572 FOUNTAIN BLVD  
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: STD ( ) Delete  
Name: NIMMER, DAN  
Address: W140N9572 FOUNTAIN BLVD  
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: D ( ) Delete  
Name: NIMMER, JUDY  
Address: W140N9572 FOUNTAIN BLVD  
City-St-Zip: MENOMONEE FALLS, WI 53051

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: SCOTT MANNING

PD

01/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date