2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000020139

City-St-Zip:

FT. LAUDERDALE, FL 33308 US

Entity Name: HMN FINANCIAL GROUP, INC.

FILED Jan 03, 2008 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
	3081 EAST COMMERCIAL BLVD SUITE 200A			3081 EAST COMMERCIAL BLVD SUITE 200		
FT. LAUDERDALE, FL 33308			FT. LAUDERDALE, FL 33308			
Current Mailing Address:				New Mailing Address:		
3081 EAST COMMERICAL BLVD SUITE 200A FT. LAUDERDALE, FL 33308				3081 EAST COMMERICAL BLVD SUITE 200 FT. LAUDERDALE, FL 33308		
FEI Number:	·	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
HOINES, DAVID A 3081 EAST COMMERCIAL BLVD SUITE 200A FT. LAUDERDALE, FL 33308 US				HOINES, DAVID A 3081 EAST COMMERCIAL BLVD SUITE 200 FT. LAUDERDALE, FL 33308 US		
	named entity		ourpose o	•	ed office or registered agent, or both,	
SIGNATURE:				01/03/2008		
Electronic Signature of Registered Agent				Date		
Election Can	npaign Financing	g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:		ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	NEUMAN, JON 3081 EAST CO	Delete ATHAN MMERCIAL BLVD ILE, FL 33308 US		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HOINES, DAVID	Delete DA MMERICAL BLVD ILE, FL 3308 US		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MANDELL, JÈF	Delete FREY A		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: DAVID A. HOINES RA 01/03/2008
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