2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2008
Secretary of State

DOCUMENT# P07000057112

Entity Name: ONTEND CREATIVE PARTNERS, INC.

Current Principal Place of Business:

940 TURTLE COVE LANE
#301
VERO BEACH, FL 32963 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 497
EXCELSIOR, MN 55331 US

New Mailing Address:

FEI Number: 20-8890466 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUNDIN, STEPHEN
940 TURTLE COVE LANE
#301
VERO BEACH, FL 32963 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LUNDIN, STEPHEN
Address: 940 TURTLE COVE LANE
City-St-Zip: VERO BEACH, FL 32963 US

Title: SD ( ) Delete
Name: LUNDIN, JANELL
Address: 940 TURTLE COVE LANE
City-St-Zip: VERO BEACH, FL 32963 US

Title: VD ( ) Delete
Name: HAGERMAN, CARR
Address: 7525 HALSTEAD DRIVE
City-St-Zip: MINNETRISTA, MN 55364 US

Title: TD ( ) Delete
Name: HAGERMAN, MARIAN
Address: 7525 HALSTEAD DRIVE
City-St-Zip: MINNETRISTA, MN 55364 US

Title: D ( ) Delete
Name: HAGERMAN, JOHN
Address: P.O. BOX 497
City-St-Zip: EXCELSIOR, FL 55331 US

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:

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 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: STPHEN LUNDIN PD 07/25/2008

Electronic Signature of Signing Officer or Director Date