


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P41068
 1. Entity Name
BEST BUY CO. OF MINNESOTA, INC.



Principal Place of Business
**7601 PENN AVE S
 TAX DEPT
 MINNEAPOLIS, MN 55423**

Mailing Address
**P.O. BOX 9312
 MINNEAPOLIS, MN 55440-9312**

DO NOT WRITE IN THIS SPACE



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number
41-0907483

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331**

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6. 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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	CD SCHULZE, RICHARD M. 5015 KNOB HILL DRIVE EDINA, MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, BRADBURY H. 1874 SUMMIT AVENUE ST. PAUL, MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LENZMEIER, ALLEN U. 322 MISSISSIPPI BLVD. ST. PAUL, MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAPLAN, ELLIOT S. 2812 SUNSET BLVD. MINNEAPOLIS, MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TILTON, G. MICHAEL 7601 PENN AVE. S RICHFIELD, MN 55423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC JACKSON, DARREN R 290 WOODLAWN AVENUE SAINT PAUL, MN 551051237

U00000525400
 05/04/06-80032-018 150.00

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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: *G. Michael Tilton* **G. Michael Tilton** 4/17/06 1012-291-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State/Phone #