

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 11, 2005 8:00 am  
Secretary of State**

05-11-2005 90126 050 \*\*\*150.00

DOCUMENT # P98000083509		
1. Entity Name GREENER PASTURES DEVELOPMENT CORPORATION		

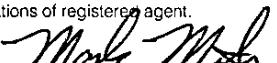
Principal Place of Business 6989 55TH STREET N SUITE A OAKDALE, MN 55128	Mailing Address 6989 55TH STREET N SUITE A OAKDALE, MN 55128
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2. Principal Place of Business <i>889 Pierce Butte Rte</i>	3. Mailing Address <i>Po Box 17126</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Saint Paul MN</i>	City & State <i>Saint Paul MN</i>	4. FEI Number 65-0865543	Applied For Not Applicable
Zip <i>55104</i>	Country <i>USA</i>	Zip <i>55104</i>	Country <i>USA</i>

6. Name and Address of Current Registered Agent NORTON, DANIEL 7500 GLADES RD SUITE 330 BOCA RATON, FL 33434	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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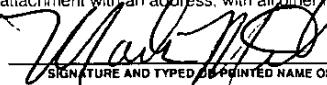
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE *5-4-05*

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILES, MARK ROBERT 4921 WILD CONGON ROAD WOODBURG, MN 55129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Mark Miles* Date *5-4-05* Daytime Phone # *6512958388*