



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000001202
 1. Entity Name
 ACTIVAR PROPERTIES, INC.



Principal Place of Business Mailing Address
 7808 CREEKRIDGE CIRCLE, SUITE 200 7808 CREEKRIDGE CIRCLE, SUITE 200
 MINNEAPOLIS, MN 55439 MINNEAPOLIS, MN 55439



03272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 41-1752377 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 BAKER, JOHN A
 5765 CORPORATION CIRCLE
 FORT MYERS, FL 33905

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

8. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000501973
 04/25/06-80082-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP MCNAMARA, RICHARD F 7808 CREEKRIDGE CIRCLE, SUITE 200 MINNEAPOLIS, MN 55439
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST REISSNER, JAMES L 7808 CREEKRIDGE CIRCLE, SUITE 200 MINNEAPOLIS, MN 55439
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: *[Signature]* 3/30/06 Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #