


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


<b>DOCUMENT # F02000006246</b> 1. Entity Name M & J INVESTMENTS OF MINNESOTA, INC.	
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FILED  
05 AUG -8 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 4257 HAINES ROAD SUITE A DULUTH, MN 55811	Mailing Address 4257 HAINES ROAD SUITE A DULUTH, MN 55811
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip	City & State  Zip
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08022005    Chg-P    CR2E034 (10/03)

4. FEI Number 39-1713238	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

HAYMAN, RICHARD L  
19415 SILVER OAK DRIVE  
FORT MYERS, FL 33912

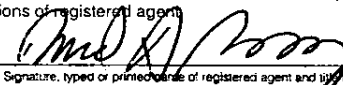
**7. Name and Address of New Registered Agent**

Name: **Goldberg, David A.**

Street Address (P.O. Box Number is Not Acceptable): **5405 SW 25th Place**

City: **Cape Coral**    **FL**    Zip Code: **33914**

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:  **David A. Goldberg, Registered Agent**    8/5/2005  
Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	CST GOLDBERG, DAVID ALLEN <input type="checkbox"/> Delete
NAME	4257 HAINES ROAD, SUITE A
STREET ADDRESS	DULUTH, MN 55811
CITY-ST-ZIP	
TITLE	VCVP GOLDBERG, CHERYL B <input type="checkbox"/> Delete
NAME	4257 HAINES ROAD, SUITE A
STREET ADDRESS	DULUTH, MN 55811
CITY-ST-ZIP	
TITLE	D GOLDBERG, DAVID DEAN <input type="checkbox"/> Delete
NAME	4711 BAYCLIFFE DRIVE
STREET ADDRESS	EXXCELSIOR, MN 55331
CITY-ST-ZIP	
TITLE	D OGREN, MARK JOSEPH <input type="checkbox"/> Delete
NAME	6076 SCENIC ROAD
STREET ADDRESS	MINNETONKA, MN 55345
CITY-ST-ZIP	
TITLE	D GOLDBERG, DARRELL GENE <input type="checkbox"/> Delete
NAME	4978 MILLER TRUNK HWY.
STREET ADDRESS	DULUTH, MN 55811
CITY-ST-ZIP	
TITLE	D OGREN, LORI LYNN <input type="checkbox"/> Delete
NAME	3400 AVE. OF THE ARTS #G214
STREET ADDRESS	COSTA MESA, CA 92626
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>400058541674</b>
CITY-ST-ZIP	<b>08/15/05--01002--019    **\$61.25</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **David A. Goldberg, Sec./Treas.**    8/5/2005    218-729-9445  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #