


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90034 016 ***150.00

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1. Entity Name
EDI ENTERPRISES, INCORPORATED



Principal Place of Business Mailing Address

**5100 THIMSEN AVENUE STE. 1
 MINNETONKA, MN 55345** **5100 THIMSEN AVENUE STE. 1
 MINNETONKA, MN 55345**



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-1779306	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI Services, Inc.
 2731 Executive Park Dr.
 Suite 4
 Weston, FL 33331**

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, 2005 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	CP DORIN, MICHAEL 18862 BARRINTON DRIVE EDEN PRAIRIE, MN 55346
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCVP RATCLIFF, DAN 1319 RAVENWOOD DRIVE WACONIA, MN 55387
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MCCLURE, SCOTT 100 EVENGREEN DRIVE NE ROCHESTER, MN 55906
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DORIN, JUDITH 18862 BARRINTON DRIVE EDEN PRAIRIE, MN 55346
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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: Michael Dorin 3-10-05 952-401-8912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #