

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006815

FILED
Mar 06, 2006
Secretary of State

Entity Name: 2ND SWING, INC.

Current Principal Place of Business:

5810 BAKER ROAD SUITE 100
MINNETONKA, MN 55345

New Principal Place of Business:

3500 HOLLY LANE SUITE 40
PLYMOUTH, MN 55447

Current Mailing Address:

5810 BAKER ROAD SUITE 100
MINNETONKA, MN 55345

New Mailing Address:

3500 HOLLY LANE SUITE 40
PLYMOUTH, MN 55447

FEI Number: 41-1870348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: KALLAL, SIMON
Address: 5810 BAKER ROAD SUITE 100
City-St-Zip: MINNETONKA, MN 55345

Title: SAS (X) Delete
Name: SIM, MARY
Address: 5810 BAKER ROAD SUITE 100
City-St-Zip: MINNETONKA, MN 55345

Title: TCFO () Delete
Name: HIBEN, ROBERT
Address: 5810 BAKER ROAD SUITE 100
City-St-Zip: MINNETONKA, MN 55345

Title: C () Delete
Name: POMIJE, DAVID
Address: 5810 BAKER ROAD SUITE 100
City-St-Zip: MINNETONKA, MN 55345

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: POMIJE, DAVID
Address: 3500 HOLLY LANE SUITE 40
City-St-Zip: PLYMOUTH, MN 55447

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: HIBEN, ROBERT
Address: 3500 HOLLY LANE SUITE 40
City-St-Zip: PLYMOUTH, MN 55447

Title: C (X) Change () Addition
Name: POMIJE, DAVID
Address: 3500 HOLLY LANE SUITE 40
City-St-Zip: PLYMOUTH, MN 55447

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT HIBEN

CFO

03/06/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date