


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F05000002595	
1. Entity Name MAGNOLIA HI-FI, INC.	

Principal Place of Business 6305 SOUTH 231ST STREET KENT, WA 98032	Mailing Address PO BOX 9312 (ATTN: TAX) MINNEAPOLIS, MN 55440
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04062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 91-0857815	Applied For Not Applicable
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 DRIVE, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

000000706530  
 04/24/07-80041-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TWETEN, JAMES L 6305 SOUTH 231ST STREET KENT, WA 98032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO CONRAD, THOMAS J 6305 SOUTH 231ST STREET KENT, WA 98032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO FROST, KURT W 6305 SOUTH 231ST STREET KENT, WA 98032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JOYCE, JOSEPH M 7601 PENN AVE. SOUTH RICHFIELD, MN 55423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONRAD, ALLAN L 6305 SOUTH 231ST STREET KENT, WA 98032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHN, STEPHEN M 6305 SOUTH 231ST STREET KENT, WA 98032

**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: *Michael Tilton* **Michael Tilton** 4/6/07 612-291-4911  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP of TAX Date Daytime Phone #