


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000003965

1. Entity Name
VIKING COLLECTION SERVICE, INC.



Principal Place of Business
7500 OFFICE RIDGE CIR., STE. 100
EDEN PRAIRIE, MN 55344

Mailing Address
7500 OFFICE RIDGE CIR., STE. 100
EDEN PRAIRIE, MN 55344

DO NOT WRITE IN THIS SPACE



06162005 No Chg-P CR2E034 (10/03)

4. FEI Number
41-1226381

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, ERNEST JR.
1958 EDGEWOOD DR.
LAKELAND, FL 33803-3471

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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 \$550.00
Due by September 7, 2005**

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	CEOS KLOECKNER, GENE 11322 MT CURVE RD EDEN PRAIRIE, MN 55347
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT KLOECKNER, CORY 10332 MEADE LANE EDEN PRAIRIE, MN 55347
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Cory Kloeckner Date: 952 944 7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #