

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857328

FILED
Apr 17, 2006
Secretary of State

Entity Name: MULTI-FINANCIAL SECURITIES CORPORATION

Current Principal Place of Business:

1290 BROADWAY
DENVER, CO 80203 US

New Principal Place of Business:

Current Mailing Address:

20 WASHINGTON AVENUE SOUTH
1228
MINNEAPOLIS, MN 55401 US

New Mailing Address:

20 WASHINGTON AVENUE SOUTH
1225
MINNEAPOLIS, MN 55401 US

FEI Number: 84-0858799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT. CORPORATION SYSTEM
8751 W. BROWARD BLVD.
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: SVP () Delete
Name: HARRISON, BRETT
Address: 1290 BROADWAY
City-St-Zip: DENVER, CO 80203 US

Title: DP () Delete
Name: MCEVOY, PATRICK H
Address: 1290 BROADWAY
City-St-Zip: DENVER, CO 80203 US

Title: D () Delete
Name: SIMMERS, JOHN S
Address: 2780 SKYPARK DR SUITE 300
City-St-Zip: TORRANCE, CA 90505

Title: VPT () Delete
Name: PENDERGRASS, DAVID
Address: 5780 POWERS FERRY ROAD NW
City-St-Zip: ATLANTA, GA 30327

Title: S () Delete
Name: BALLMAN, CHERYL
Address: 1290 BROADWAY
City-St-Zip: DENVER, CO 80203 US

Title: D () Delete
Name: BROWN, VALERIE
Address: 3424 PEACHTREE ROAD NE
City-St-Zip: ATLANTA, GA 30326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: S (X) Change () Addition
Name: CLUDRAY-ENGELKE, PAULA
Address: 20 WASHINGTON AVENUE S
City-St-Zip: MINNEAPOLIS, MN 55401 US

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

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: LORALEE RENELT

AS

04/17/2006

Electronic Signature of Signing Officer or Director

_____ Date