

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000207

FILED
Jul 20, 2005
Secretary of State

Entity Name: ALLEN INTERACTIONS INC.

Current Principal Place of Business:

8875 HIDDEN RIVER PARKWAY
SUITE 100
TAMPA, FL 33637

New Principal Place of Business:

3922 COCONUT PALM DRIVE
SUITE
TAMPA, FL 33619

Current Mailing Address:

8000 WEST 78TH STREET
SUITE 450
MINNEAPOLIS, MN 55439

New Mailing Address:

1120 CENTRE POINTE DRIVE
SUITE 800
ST. PAUL, MN 55120

FEI Number: 41-1756542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAIG, KEITH
8875 HIDDEN RIVER PARKWAY
SUITE 100
TAMPA, FL 33637 US

Name and Address of New Registered Agent:

MINDY, POWELL
3922 COCONUT PALM DRIVE
SUITE 210
TAMPA, FL 33619 US

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: MINDY POWELL

07/20/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: ALLEN, MICHAEL W
Address: 8000 WEST 78TH STREET, SUITE 450
City-St-Zip: MINNEAPOLIS, MN 55439

Title: PTD () Delete
Name: LIPSHUTZ, MARTIN K
Address: 8000 WEST 78TH STREET, SUITE 450
City-St-Zip: MINNEAPOLIS, MN 55439

Title: SD () Delete
Name: PALMA, MARK
Address: 222 SO. 9TH ST, 3100 PIPER JAFFREY TOWER
City-St-Zip: MINNEAPOLIS, MN 55402

Title: D () Delete
Name: KOENECKE, TED
Address: 11000 VIKING DRIVE
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: D () Delete
Name: SCHULZETENBERG, JOHN
Address: 1200 EAST BIRCH
City-St-Zip: BRANDON, SD 57005

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: () 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 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 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: LEN EICHEN

VP

07/20/2005

Electronic Signature of Signing Officer or Director

Date