2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F00000000207

Entity Name: ALLEN INTERACTIONS INC.

FILED Oct 09, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
SUITE				3922 COCUNUT PALM DRIVE SUITE 210 TAMPA, FL 33619		
Current Mailing Address:				New Mailing Address:		
			1120 CENTRE POINTE DRIVE SUITE 800 MENDOTA HEIGHTS, MN 55120			
FEI Number: 4	11-1756542	FEI Number Applied For ()	FEI Num	nber Not Appli	cable () C	ertificate of Status Desired ()
Name and Address of Current Registered Agent:				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 o in the State of Florida.				LIPSHUTZ, MARTIN 3922 COCONUT PALM DRIVE SUITE 210 TAMPA, FL 33619 US of changing its registered office or registered agent, or both,		
SIGNATURE: MARTIN K. LIPSHUTZ						10/09/2006
		Signature of Registered Agent	t .			Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:				he prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
	ALLEN, MICHAEL	H STREET, SUITE 450		Title: Name: Address: City-St-Zip:	ALLEN, MICHAEL	INTE DRIVE, SUITE 800
Title: Name: Address: City-St-Zip:	LIPSHUTZ, MART	H STREET, SUITE 450		Title: Name: Address: City-St-Zip:	LIPSHUTZ, MARTI	INTE DRIVE, SUITE 800
Title: Name: Address: City-St-Zip:	PALMA, MARK	Oelete 3100 PIPER JAFFREY TOWER IN 55402		Title: Name: Address: City-St-Zip:	() Cł	nange () Addition
Title: Name: Address: City-St-Zip:	D () E KOENECKE, TEE 11000 VIKING DI EDEN PRAIRIE, I	RIVE		Title: Name: Address: City-St-Zip:	() Cr	nange () Addition
Title: Name: Address: City-St-Zip:	D () E SCHULZETENBE 1200 EAST BIRC BRANDON, SD 5	Н		Title: Name: Address: City-St-Zip:	() Ch	nange()Addition
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	D () CH KLINE, WILLIAM 235 PENINSULA C NEWNAN, GA 302	

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: MARTIN K. LIPSHUTZ PTD 10/09/2006