

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000207

Entity Name: ALLEN INTERACTIONS INC.

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

3922 COCONUT PALM DRIVE
SUITE 210
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

1120 CENTRE POINTE DRIVE
SUITE 800
MENDOTA HEIGHTS, MN 55120

New Mailing Address:

FEI Number: 41-1756542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPSHUTZ, MARTIN
3922 COCONUT PALM DRIVE
SUITE 210
TAMPA, FL 33619 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: CEOD () Delete
Name: ALLEN, MICHAEL W
Address: 1120 CENTRE POINTE DRIVE, SUITE 800
City-St-Zip: MENDOTA HEIGHTS, MN 55120

Title: PTD () Delete
Name: LIPSHUTZ, MARTIN K
Address: 1120 CENTRE POINTE DRIVE, SUITE 800
City-St-Zip: MENDOTA HEIGHTS, MN 55120

Title: SD () Delete
Name: PALMA, MARK
Address: 333 SO. 7TH ST., SUITE 2000
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

Title: D () Delete
Name: KLINE, WILLIAM
Address: 235 PENINSULA CIRCLE
City-St-Zip: NEWNAN, GA 30263

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:

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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 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

MR.

04/21/2008

Electronic Signature of Signing Officer or Director

Date