


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # F01000002933	
1. Entity Name BBC INSURANCE AGENCY, INC.	

Principal Place of Business 7601 PENN AVE. S TAX DEPT. RICHFIELD, MN 55423	Mailing Address PO BOX 9312 TAX DEPT MINNEAPOLIS, MN 55440
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04062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 44-2000251	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000706591 04/24/07-80041-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, BRADBURY H 7601 PENN AVE S RICHFIELD, MN 55423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LENZMEIER, ALLEN U 7601 PENN AVE S RICHFIELD, MN 55423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD JACKSON, DARREN R 7601 PENN AVE S RICHFIELD, MN 55423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JOYCE, JOSEPH M 7601 PENN AVE S RICHFIELD, MN 55423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TILTON, G. MICHAEL 7601 PENN AVE S RICHFIELD, MN 55427
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Michael Tilton</i>	<i>Michael Tilton</i>	4/6/07	612-291-4911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #