


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F01000005943
 1. Entity Name
ALLETE MORTGAGE CORPORATION



Principal Place of Business Mailing Address
 810 W. THIRD ST. 810 W. THIRD ST.
 MARION, IN 46952 MARION, IN 46952



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 35-2149475 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 MILLER, CHAD
 212 S. 14TH ST
 COCOA BEACH, FL 32931

**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 _____ DATE 04/30/05
 U00000345818
 04/30/05-80052-007 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
 Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

JOB TITLE	PT
NAME	JOHNSON, LYNN A
STREET ADDRESS	533 E. SHERMAN ST.
CITY, ST, ZIP	MARION, IN 46952
JOB TITLE	VD
NAME	STREIB, BETTY E
STREET ADDRESS	810 1/2 W. THIRD ST
CITY, ST, ZIP	MARION, IN 46952
JOB TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
JOB TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
JOB 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 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 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 attached addendum with an address, with all other information empowered.

SIGNATURE: *Sign A. Johnson* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR