2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003964

City-St-Zip:

EDEN PRAIRIE, MN 55344

Entity Name: VIKING COLLECTION SERVICE SOUTHWEST, INC.

FILED Jan 18, 2006 Secretary of State

Littly Name: VINING COLLECTION SERVICE 300 THWEST, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
2075 WEST PHOENIX,		PEAK RD., STE. 110			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
PO BOX 29 PHOENIX,	9210 AZ 85038921	0			
FEI Number: 86-0450950 FEI Number Applied For ()		FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
JONES, ERNEST M JR. 1958 EDGEWOOD DR. LAKELAND, FL 338033471 US				JONES, ERNEST M JR. 1958 EAST EDGEWOOD DR. LAKELAND, FL 33803 US	
The above in the State		submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				01/18/2006	
Electronic Signature of Registered Agent			ent	Date	
Election Cam	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	KLOECKNER,	RIDGE CIRCLE, STE. 100	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KLOECKNER,	RIDGE CIRCLE, STE. 100	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	KLOECKNER,) Delete CORY RIDGE CIRCLE, STE. 100	Title: (Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: CORY KLOECKNER VCPT 01/18/2006