

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003085

FILED
Apr 29, 2005
Secretary of State

Entity Name: ALL LINES INSURANCE SERVICES, INC.

Current Principal Place of Business:

23 4TH ST. SE
SUITE 110
MINNEAPOLIS, MN 55414

New Principal Place of Business:

Current Mailing Address:

23 4TH ST. SE
SUITE 110
MINNEAPOLIS, MN 55414

New Mailing Address:

FEI Number: 71-0939535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEO () Delete
Name: JONAS, TRENT
Address: 2677 COUNTY ROAD 10
City-St-Zip: MOUNDS VIEW, MN 55112

Title: COO () Delete
Name: MIELKE, THOMAS
Address: 2345 RICE ST., STE. 240
City-St-Zip: MOUNDS VIEW, MN 55112

Title: CFOS () Delete
Name: FRANTZ, JENNIFER
Address: 2677 COUNTY ROAD 10
City-St-Zip: MOUNDS VIEW, MN 55112

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JENNIFER FRANTZ

CFO

04/29/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date