

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002233

FILED
Jan 09, 2007
Secretary of State

Entity Name: DIRECT RESPONSE INSURANCE ADMINISTRATIVE SERVICES, INC.

Current Principal Place of Business:

7930 CENTURY BOULEVARD
CHANHASSEN, MN 55317

New Principal Place of Business:

Current Mailing Address:

7930 CENTURY BOULEVARD
CHANHASSEN, MN 55317

New Mailing Address:

FEI Number: 41-1430210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 333310531 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: PD () Delete
Name: VOTEL, RICHARD
Address: 7930 CENTURY BOULEVARD
City-St-Zip: CHANHASSEN, MN 55317

Title: EVS () Delete
Name: IVERSON, ULRIKE D
Address: 7930 CENTURY BOULEVARD
City-St-Zip: CHANHASSEN, MN 55317

Title: CFO () Delete
Name: KALDOR, DAVID
Address: 7930 CENTURY BOULEVARD
City-St-Zip: CHANHASSEN, MN 55317

Title: SRV () Delete
Name: ALLISON, SCOTT
Address: 7930 CENTURY BOULEVARD
City-St-Zip: CHANHASSEN, MN 55317

Title: V () Delete
Name: LYNN, DONNA
Address: 7930 CENTURY BOULEVARD
City-St-Zip: CHANHASSEN, MN 55317

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: BIRDMAN, MICHAEL M
Address: 7930 CENTURY BOULEVARD
City-St-Zip: CHANHASSEN, MN 55317

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.

SIGNATURE: RICHARD H VOTEL

PD

01/09/2007

Electronic Signature of Signing Officer or Director

Date