2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002233

FILED Jan 17, 2008 Secretary of State

Entity Name: DIRECT RESPONSE INSURANCE ADMINISTRATIVE SERVICES, INC.

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
7930 CENTURY BOULEVARD CHANHASSEN, MN 55317						
Current Mailing Address:			New Mailir	New Mailing Address:		
7930 CENTURY BOULEVARD CHANHASSEN, MN 55317						
FEI Number: 41-1430210 FEI Number Applied For () FEI N		FEI Number Not Appli	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR., SUITE 4 WESTON, FL 333310531 US						
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 Dat					Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND					S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () D VOTEL, RICHARD 7930 CENTURY B CHANHASSEN, M	OULEVARD	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	EVS () D IVERSON, ULRIKI 7930 CENTURY B CHANHASSEN, M	E D OULEVARD	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	CFO () D KALDOR, DAVID 7930 CENTURY B CHANHASSEN, M	OULEVARD	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	SRV () D ALLISON, SCOTT 7930 CENTURY B CHANHASSEN, M	OULEVARD	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	V () D LYNN, DONNA 7930 CENTURY B CHANHASSEN, M	OULEVARD	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () D BIRDMAN, MICHA 7930 CENTURY B CHANHASSEN, M	EL M OULEVARD	Title: Name: Address: City-St-Zip:	LAPADULA, C	RY BOULEVARD	
I hereby certify that the information supplied with this filing does not qualify 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 01/17/2008