


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000002030 1. Entity Name AMANA FINANCIAL SERVICES, INC.	
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Principal Place of Business 403 W 4TH ST N NEWTON, IA 50208	Mailing Address 70 MAYTAG CORP 403 W 4TH ST N NEWTON, IA 50208
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04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4013919	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

1100000346017
04/30/05-80059-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAKE, RALPH 403 W 4TH ST N NEWTON, IA 50208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, PATRICIA 403 W 4 ST N NEWTON, IA 50208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KLYN, STEVE 403 W 4 ST N NEWTON, IA 50208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCHOLTEN, ROGER 403 W 4 ST N NEWTON, IA 50208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, GEORGE 403 W 4 ST N NEWTON, IA 50208
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)(f), 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 attachment with an address, with all other the empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05 641-787-6324
Date Daytime Phone #