


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90235 040 ***150.00

DOCUMENT # F96000001514 1. Entity Name ALLIED INTERSTATE, INC.					
Principal Place of Business 435 FORD RD 800 INTERCHANGE WEST MINNEAPOLIS, MN 55426			Mailing Address 3111 SOUTH DIXIE HIGHWAY SUITE 101 WEST PALM BEACH, FL 33405		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04122007 Chg-P CR2E034 (12/06)	
4. FEI Number 41-0919488				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HARMER, GREGORY 100 PARK AVENUE NEW YORK, NY 10017	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP./Secretary Harmer, Gregory 100 Park Ave 9th FL. New York, NY 10017
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KLEIN, JACK M 1082 NW 21ST ST. BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVY, MARK 100 PARK AVENUE NEW YORK, NY 10017	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVY, MARK 100 PARK AVENUE NEW YORK, NY 10017	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVY, MARK 100 PARK AVENUE NEW YORK, NY 10017	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVY, MARK 100 PARK AVENUE NEW YORK, NY 10017	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVY, MARK 100 PARK AVENUE NEW YORK, NY 10017	<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/18/07 Daytime Phone # 646-375-6190		