

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000545

Entity Name: USALLIANZ SECURITIES, INC.

FILED
Jan 14, 2005
Secretary of State

Current Principal Place of Business:

5701 GOLDEN HILLS DR.
MINNEAPOLIS, MN 55416 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 59177
MINNEAPOLIS, MN 554590177

New Mailing Address:

FEI Number: 41-1840929

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: PCMO () Delete
Name: FOLEY, SHARON L
Address: 8491 MISSION HILLS CIRLCE
City-St-Zip: CHANHASSEN, MN 55317

Title: VPM () Delete
Name: SCHERBARTH, STEVEN R
Address: 845 GREAT OAKS TRAIL
City-St-Zip: EAGAN, MN 55123

Title: VPC () Delete
Name: TUFFORD, ANDREW
Address: 117 TURNERS CROSSROAD S
City-St-Zip: MINNEAPOLIS, MN 55416

Title: SCAO () Delete
Name: TRENTOR, JOHN DAVID
Address: 5224 HORIZON DRIVE NE
City-St-Zip: FRIDLEY, MN 55402

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TYSON, LYNN C
Address: 5701 GOLDEN HILLS DRIVE
City-St-Zip: MINNEAPOLIS, MN 55416

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: ANDREW TUFFORD

VPC

01/14/2005

Electronic Signature of Signing Officer or Director

Date