## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000001559

Entity Name: LIFE OF GEORGIA AGENCY, INC.

FILED Apr 01, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
5780 POWI ATLANTA,	ERS FERRY R GA 30327	OAD				
Current Mailing Address:				New Mailing Address:		
INC ROUTE 1291 20 WASHINGTON AVE S MINNEAPOLIS, MN 55401				ING ROUTE 1228 20 WASHINGTON AVE S MINNEAPOLIS, MN 55401		
FEI Number:	58-2357470	FEI Number Applied For ( )	FEI Num	ber Not Appli	icable ( )	Certificate of Status Desired ( )
Name and	Address of Cu	ırrent Registered Agent:		Name and	Address of Ne	w Registered Agent:
C/O CT CC 1200 SOUT PLANTATIO		SYSTEM DRD. 525 US	rpose of	changing it	s registered offi	ice or registered agent, or both,
SIGNATUR						
01014/11011		Signature of Registered Agen	t			 Date
Election Cam	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS	AND DIRECT	ORS:		ADDITION	S/CHANGES T	O OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	VPT ()[ PENDERGRASS 5780 POWERS F ATLANTA, GA 30	ERRY RD		Title: Name: Address: City-St-Zip:		Change ( ) Addition
Title: Name: Address: City-St-Zip:	CEO () E COHEN, HAROLI 5780 POWERS F ATLANTA, GA 30	ERRY RD		Title: Name: Address: City-St-Zip:	( ) C	Change ( ) Addition
Title: Name: Address: City-St-Zip:	SEC ()E BURTON, B S 5780 POWERS F ATLANTA, GA	Delete FERRY RD		Title: Name: Address: City-St-Zip:	SEC (X) C BURTON, B S 5780 POWERS F ATLANTA, GA 30	
Title: Name: Address: City-St-Zip:	P ()E MCCONNELL, FF 5780 POWERS F ATLANTA, GA 30	ERRY RD		Title: Name: Address: City-St-Zip:	( ) C	Change ( ) Addition
Title: Name: Address: City-St-Zip:	D () E THOMPSON, JAN 5780 POWERS F ATLANTA, GA			Title: Name: Address: City-St-Zip:	D (X) C THOMPSON, JAM 5780 POWERS F ATLANTA, GA 30	FERRY RD
Title: Name: Address:	AS () [ HENDRICKS, TH 5780 POWERS F			Title: Name: Address:	AS (X) C HENDRICKS, THO 5780 POWERS F	

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.

City-St-Zip: ATLANTA, GA 30327

SIGNATURE: THOMAS M. HENDRICKS AS 04/01/2005

City-St-Zip:

ATLANTA, GA