

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18925

FILED
Apr 19, 2006
Secretary of State

Entity Name: COMPULIFE INVESTOR SERVICES, INC.

Current Principal Place of Business:

400 FIRST STREET S.
#300
ST. CLOUD, MN 56301 US

New Principal Place of Business:

Current Mailing Address:

20 WASHINGTON AVENUE SOUTH
ROUTE 1261
MINNEAPOLIS, MN 55401 US

New Mailing Address:

20 WASHINGTON AVENUE SOUTH
ROUTE 1225
MINNEAPOLIS, MN 55401 US

FEI Number: 54-1439322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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: DVP () Delete
Name: MILLER, E. BRUCE
Address: 7325 BEAUFONT SPRINGS DR. STE 301
City-St-Zip: RICHMOND, VA 23225

Title: S () Delete
Name: CLUDRAY-ENGELKE, PAULA
Address: 20 WASHINGTON AVENUE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55401

Title: D () Delete
Name: BROWN, VALERIE
Address: 3424 PEACHTREE ROAD NE
City-St-Zip: ATLANTA, GA 30326

Title: PD () Delete
Name: CICCATTI, RANDALL
Address: 400FIRST STREET SOUTH #300
City-St-Zip: SAINT CLOUD, MN 56301

Title: SVPD () Delete
Name: WILLIAMS, CLINTON
Address: 20 WASHINGTON AVENUE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55401

Title: VDAS () Delete
Name: MAAS, KEVIN
Address: 400FIRST STREET SOUTH #300
City-St-Zip: SAINT CLOUD, MN 56301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: MAAS, KEVIN
Address: 400 FIRST STREET SOUTH
City-St-Zip: ST CLOUD, MN 56301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: LORALEE RENELT

AS

04/19/2006

Electronic Signature of Signing Officer or Director

Date