

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	212530211				
1.) CORPORATION NAME: <b>Five Lakes Agency, Inc.</b>		DUE DATE: <b>8/31/2012</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CORPORATION SERVICE COMPANY          BANK OF AMERICA CENTER 16TH FL          1111 E MAIN ST           RICHMOND, VA 23219</b>		SCC ID NO: <b>F1869330</b>  5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>60,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	60,000
CLASS	AUTHORIZED					
COMMON	60,000					
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND CITY</b>						
4.) STATE OR COUNTRY OF INCORPORATION: <b>MI</b>						
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 901 Tower Dr., Ste. A250  CITY/ST/ZIP: Troy , MI 48098						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: KYLE JOHN VON ALLMEN TITLE: PRES/VP ADDRESS: 901 TOWER DR STE A250 CITY/ST/ZIP/CO: TROY, MI 48098	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: TAMMY LYNN FAILLA TITLE: SEC/TREAS ADDRESS: 907 TOWER DR STE A250 CITY/ST/ZIP/CO: TROY, MI 48098	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.						
/s/ KYLE JOHN VON ALLMEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KYLE JOHN VON ALLMEN, PRES/VP PRINTED NAME AND CORPORATE TITLE	8/8/2012 DATE				
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.						