

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F57865

FILED
Jan 18, 2004
Secretary of State

Entity Name: ARDEN INSURANCE ASSOCIATES, INC.

Current Principal Place of Business:

525 W. LANTANA RD.
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

525 W. LANTANA RD.
LANTANA, FL 33462

New Mailing Address:

FEI Number: 59-2143035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORBERG, KENN
525 WEST LANTANA ROAD
LANTANA, FL 33462

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: PST () Delete
Name: NORBERG, KENN,
Address: 5358 SANDHURST CIR., N.
City-St-Zip: LAKE WORTH, FL

Title: D () Delete
Name: NORBERG, KENN,
Address: 5358 SANDHURST CIR., N.
City-St-Zip: LAKE WORTH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: NORBERG, KENN,
Address: 6944 KEVIN WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: D (X) Change () Addition
Name: NORBERG, KENN,
Address: 6944 KEVIN WAY
City-St-Zip: LAKE WORTH, FL 33467

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: KENN NORBERG

PRES

01/18/2004

Electronic Signature of Signing Officer or Director

Date