2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005
Secretary of State

DOCUMENT# F97000000512

Entity Name: ARVIM, INC.

Current Principal Place of Business:

245 FISCHER AVE
D-1
COSTA MESA, CA 92626

New Principal Place of Business:

501 S FOURTH AVENUE
STE 140
LOUISVILLE, KY 40202

Current Mailing Address:

245 FISCHER AVE
D-1
COSTA MESA, CA 92626

New Mailing Address:

501 S. FOURTH AVENUE
STE 140
LOUISVILLE, KY 40202

FEI Number: 33-0737530 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: CEOP ( ) Delete
Name: MOORE, JOHN
Address: 501 S. FOURTH AVENUE, STE 140
City-St-Zip: LOUISVILLE, KY 40202

Title: CFO ( ) Delete
Name: JESSEE, MARK
Address: 501 S. FOURTH AVENUE, STE 140
City-St-Zip: LOUISVILLE, KY 40202

Title: SVP ( ) Delete
Name: GRANDINETTI, CARMIN
Address: 501 S. FOURTH AVENUE, STE 140
City-St-Zip: LOUISVILLE, KY 40202

Title: SVP ( ) Delete
Name: BREHL, ROBERT
Address: 501 S. FOURTH AVENUE, STE 140
City-St-Zip: LOUISVILLE, KY 40202

Title: A.SE ( ) Delete
Name: COYNE, RENEE
Address: 501 S. FOURTH AVENUE, STE 140
City-St-Zip: LOUISVILLE, KY 40202

Title: DIR ( ) Delete
Name: MOORE, JOHN
Address: 501 S. FOURTH AVENUE, STE 140
City-St-Zip: LOUISVILLE, KY 40202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: CARMIN GRANDINETTI SVP 01/13/2005
Electronic Signature of Signing Officer or Director Date