


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90311 021 ***150.00

DOCUMENT # J45854 1. Entity Name GRUDEM PROPERTIES, INCORPORATED					
Principal Place of Business 430 VILLAGE PL APT 320 LONGWOOD, FL 32779 US			Mailing Address 430 VILLAGE PL APT 320 LONGWOOD, FL 32779 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 16355 N 108TH WAY Suite, Apt. #, etc. City & State SCOTTSDALE AZ Zip Country 85255 USA			
		03112005 Chg-P CR2E034 (10/03)		4. FEI Number 59-2747279	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRUDEM, ARDEN E. 430 VILLAGE PL APT 320 LONGWOOD, FL 32779			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRUDEM, ARDEN E. 430 VILLAGE PL APT 320 LONGWOOD, FL 32779	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUDEM, ARDEN E 430 VILLAGE PL APT 320 LONGWOOD FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GRUDEM, JEAN C. 430 VILLAGE PL APT 320 LONGWOOD, FL 32779	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUDEM, JEAN C 430 VILLAGE PL APT 320 LONGWOOD FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUDEM, WAYNE 16355 N 108TH WAY SCOTTSDALE, AZ 85255	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GRUDEM, WAYNE 16355 N 108TH WAY SCOTTSDALE AZ 85255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUDEM, GREG 1631 29TH AVE. HAUGEN, WI 54841	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS GRUDEM, GREGG 1631 29TH AVE HAUGEN WI 54841
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Wayne GruDEM</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-24-05 480-473-2107 <small>Date Daytime Phone #</small>		