

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003090

FILED
Sep 02, 2004
Secretary of State**Entity Name:** KEYSTONE GRANTS, INC.**Current Principal Place of Business:**9240 BONITA BEACH RD., SUITE 3309
BONITA SPRINGS, FL 34135**New Principal Place of Business:**11441 S. STATE STREET
A-374
DRAPER, UT 84020**Current Mailing Address:**9240 BONITA BEACH RD., SUITE 3309
BONITA SPRINGS, FL 34135**New Mailing Address:**11441 S. STATE STREET
A-374
DRAPER, UT 84020**FEI Number:** 01-0652969**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DITMAR, LORI L
9240 BONITA BEACH RD., SUITE 111187
BONITA SPRINGS, FL 34135**Name and Address of New Registered Agent:**JULIE, LEACH
12051 ROSEMOUNT DR
SUITE A
FT MYERS, FL 33913

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: JULIE LEACH

09/02/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: HARRIS, STEVE
Address: 2841 COBBLE MOOR LANE
City-St-Zip: SANDY, UT 84093**Title:** D () Delete
Name: DITMAR, LORI L
Address: 9240 BONITA BEACH RD., SUITE 3309
City-St-Zip: BONITA SPRINGS, FL 34135**Title:** D () Delete
Name: DYER, RUSSELL M
Address: 2039 E. ARABIAN DR.
City-St-Zip: GILBERT, AZ 85296**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUSSELL DYER

D

09/02/2004

Electronic Signature of Signing Officer or Director

Date