## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000083476

SPRINGER, TAMMY

ROSEVILLE, MI 48066

16635 TWELVE MILE ROAD

Name:

Address:

City-St-Zip:

Entity Name: VAN ARNEM PROPERTIES, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
4 01 N. E. 21 DELRAY BE					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
4 01 N. E. 21 DELRAY BE					
FEI Number: 9	0-0141116	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
4700 N. E. E BOCA RATO The above n in the State of	ON, FL 334: named entity	31 US	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE	Ξ:				
Electronic Signature of Registered Agent			ent	Date	
Election Camp	oaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Name: Address:	D ( VAN ARNEM, 401 N. E. 2ND DELRAY BEA	STREET	Title: ( Name: Address: City-St-Zip:	)Change ()Addition	
Name: Address:	P ( VAN ARNEM, I 401 N. E. 2ND DELRAY BEA	STREET	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Name: Address:	ST ( ALLEN, BETT' 401 N. E. 2ND DELRAY BEA	STREET	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title:	D (	) Delete	Title: (	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: BETTY E. ALLEN ST 04/22/2009