MONTANA CORPORATION ANNUAL REPORT - 2005

MUST BE RETURNED IN ORDER FOR YOUR CORPORATION TO REMAIN ACTIVE AND IN GOOD STANDING AND PREVENT INVOLUNTARY DISSOLUTION/REVOCATION PER 35-1-1104,MCA.

564355

REQUIRED Filing Fee: $15, if filed on or before April 15th; $30, if filed after April 15th.

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STATE OF MONTANA
FILED
JAN 0 4 2005
SECRETARY OF STATE

DRDD DISTRIBUTING, INC.

%DENNY RUE

2518 WHITTIER PL
BILLINGS MT 59102-1940

ORGANIZATIONAL ID NUMBER: D-039724
TYPE: 11

NEW REGISTERED AGENT INFORMATION: If the above Registered Agent and/or Registered Office Address (below business name) have changed, please complete the following:

X:_____ _____ Phone:_____
Signature of New Registered Agent(Required) Printed Name of New Registered Agent

E-Mail Address (optional):_____

New Street Address:*_____ City:_____ ** MT Zip:_____
(or physical location) ***REQUIRED: Only if the mailing address is a box number.**

New Mailing Address/P.O.Box:_____ City:_____ ** MT Zip:_____

****REQUIRED: Both Addresses must be within the State of Montana.**

Our records currently reflect the information below and on the back:

1. State/Country of Incorporation: MONTANA

2. Description of Business: GENERAL BUSINESS

3. Names and Addresses of **Principal Officers - At least one officer MUST be listed.** If the names and/or addresses of the officers listed on the left have changed, list the change on the right. Attach a list if there are more than four officers.

President:
DENNIS J RUE
2518 WHITTIER
BILLINGS MT 59102

New Pres Name _____
New Address _____
City, State, Zip _____

Vice President:
JOANN DAHLBERG
4440 TRAILMASTER DR
BILLINGS MT 59101

New Vpres Name _____
New Address _____
City, State, Zip _____

Secretary:
DOUGLAS DAHLBERG
4440 TRAILMASTER DR
BILLINGS MT 59101

New Secr Name _____
New Address _____
City, State, Zip _____

Treasurer
DOUGLAS DAHLBERG
4440 TRAILMASTER DR
BILLINGS MT 59101

New Treas Name _____
New Address _____
City, State, Zip _____

FILED
2005 JAN -4 AM 12:01
SECRETARY OF STATE

If you previously submitted additional names and addresses that are not shown above, please check the Registered Principal Search at sos.mt.gov or call (406)444-3665 to complete your attachment, if necessary.

SIGNATURE REQUIRED ON BACK (Over)

4. Names and Addresses of the Directors - **At least 1 director MUST be listed.** If the names and/or addresses of the directors listed on the left have changed, list the change on the right. Attach a list if more than five directors.

DENNIS J RUE
2518 WHITTIER
BILLINGS MT 59102

DOUGLAS DAHLBERG
4440 TRAILMASTER DR
BILLINGS MT 59101

JOANN DAHLBERG
4440 TRAILMASTER DR
BILLINGS MT 59101

New Dir Name _____
New Address _____
City, State, Zip _____

New Dir Name _____
New Address _____
City, State, Zip _____

New Dir Name _____
New Address _____
City, State, Zip _____

New Dir Name _____
New Address _____
City, State, Zip _____

New Dir Name _____
New Address _____
City, State, Zip _____

If you previously submitted additional names and addresses that are not shown above, please check the Registered Principal Search at sos.mt.gov or call (406)444-3665 to complete your attachment, if necessary.

5. Shares - Change the number of issued shares if different from our records in the space provided.

SHARES AUTHORIZED	SHARES ISSUED OUR RECORDS	SHARES ISSUED YOUR RECORDS	CLASS	SERIES	PAR VALUE
500.00	500.00	_____	COMMON		0.00

HOWEVER, IF ISSUED SHARES EXCEED AUTHORIZED SHARES OR A CHANGE IS MADE IN CLASS, PAR VALUE, OR THE NUMBER OF AUTHORIZED SHARES, AN AMENDMENT MUST BE FILED ACCORDING TO MCA TITLE 35.

BY MY SIGNATURE BELOW, I, AN OFFICIAL OF THE ABOVE CORPORATION, DO STATE THAT I SIGNED THIS REPORT ON BEHALF OF THE CORPORATION AND THAT THE STATEMENTS HEREIN CONTAINED ARE TRUE, UNDER PENALTY OF FALSE SWEARING.

X Dennis J Rue	President	Dennis J Rue	1-3-05
SIGNATURE OF OFFICER OR CHAIR OF BOARD	TITLE	PRINT NAME OF SIGNING OFFICIAL	DATE

THE INDIVIDUAL SIGNING MUST BE LISTED ON THE ANNUAL REPORT OR ATTACHMENT AND IDENTIFIED AS EITHER A CURRENT OFFICER OR CHAIR OF THE BOARD OF DIRECTORS IN ORDER FOR THIS OFFICE TO ACCEPT THE SIGNATURE.

ALL INFORMATION PROVIDED, INCLUDING NAMES AND ADDRESSES OF OFFICERS AND DIRECTORS, WILL BE MADE AVAILABLE ON THE SECRETARY OF STATE'S WEB SITE sos.mt.gov OR UPON REQUEST.

SIGN AND INCLUDE CORRECT FILING FEE:
$15, IF FILED ON OR BEFORE APRIL 15TH
$30, IF FILED AFTER APRIL 15TH

MAKE CHECKS PAYABLE TO SECRETARY OF STATE

PLEASE SEND FEE AND COMPLETED REPORT TO:
BRAD JOHNSON (406)444-3665
SECRETARY OF STATE
PO BOX 202802
HELENA MT 59620-2802