

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002598

FILED
Feb 19, 2009
Secretary of State

Entity Name: TUBE ART DISPLAYS, INC.

Current Principal Place of Business:

1705 4TH AVE S
SEATTLE, WA 98134

New Principal Place of Business:

Current Mailing Address:

1705 4TH AVE S
SEATTLE, WA 98134

New Mailing Address:

FEI Number: 91-0516977 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303 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: CEO () Delete
Name: DUPAR, FRANK A
Address: 65 SKAGIT KEY
City-St-Zip: BELLEVUE, WA 98006

Title: PD/S () Delete
Name: MONTERO, WILLIAM S PRES/SE
Address: 641 N.W. 175TH
City-St-Zip: SHORELINE, WA 98177

Title: TD () Delete
Name: DUPAR, ROBERT TREAS/D
Address: 4617 103RD LANE NE
City-St-Zip: KIRKLAND, WA 98033

Title: VP () Delete
Name: HARGETT, JEFFREY P VICE PR
Address: 42504 SE 108TH ST
City-St-Zip: NORTH BEND, WA 98045

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:

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.

SIGNATURE: WILLIAM S MONTERO

PD/S

02/19/2009

Electronic Signature of Signing Officer or Director

_____ Date