

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004149

Entity Name: TUCKER CAPITAL, INC.

FILED
Jan 12, 2007
Secretary of State

Current Principal Place of Business:

434 NW 19TH AVENUE
PORTLAND, OR 97209

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10706
PORTLAND, OR 97296

New Mailing Address:

P.O. BOX 10446
PORTLAND, OR 97296

FEI Number: 93-1258773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CP () Delete
Name: LAVERDE, WILLIAM E
Address: P.O. BOX 10706
City-St-Zip: PORTLAND, OR 97296

Title: V () Delete
Name: KEUTER, NICOLE L
Address: P.O. BOX 10706
City-St-Zip: PORTLAND, OR 97296

Title: S () Delete
Name: LAVERDE, JULIE T
Address: P.O. 10706
City-St-Zip: PORTLAND, OR 97296

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: LAVERDE, WILLIAM E
Address: P.O. BOX 10446
City-St-Zip: PORTLAND, OR 97296

Title: V (X) Change () Addition
Name: WINTER, KYLE
Address: P.O. BOX 10446
City-St-Zip: PORTLAND, OR 97296

Title: S (X) Change () Addition
Name: LAVERDE, JULIE T
Address: P.O. 10446
City-St-Zip: PORTLAND, OR 97296

I hereby certify that the information supplied with this filing does not qualify for the 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 LAVERDE

CP

01/12/2007

Electronic Signature of Signing Officer or Director

_____ Date