2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004149

Entity Name: TUCKER CAPITAL, INC.

City-St-Zip:

PORTLAND, OR 97296

FILED Apr 30, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
	9TH AVENUE ID, OR 97209				
Current Mailing Address:			New Mailing Address:		
P.O. BOX PORTLAN	10446 ID, 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:			Name and Address of	Name and Address of New Registered Agent:	
1200 SOU	PORATION SY TH PINE ISLA ION, FL 3332	ND ROAD			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CP (LAVERDE, WI P.O. BOX 104- PORTLAND, C	46	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (X WINTER, KYL P.O. BOX 104 PORTLAND, C	46	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S (LAVERDE, JUI P.O. 10446) Delete LIE T	Title: Name:	() 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.

City-St-Zip:

SIGNATURE: WILLIAM E LAVERDE CEO 04/30/2008