


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State


04-27-2006 90207 016 ***150.00

DOCUMENT # F98000002226	
1. Entity Name 1-800-RECONEX, INC.	

Principal Place of Business 2500 INDUSTRIAL AVE. HUBBARD, OR 97032	Mailing Address 2500 INDUSTRIAL AVE. HUBBARD, OR 97032
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DO NOT WRITE IN THIS SPACE

400001 - -



04262006 No Chg-P CR2E034 (11/05)

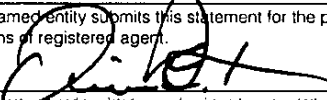
4. FEI Number 93-1242033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 4/26/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

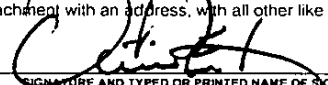
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRIFFEE, DAVE 2500 INDUSTRIAL AVE. HUBBARD, OR 97032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRANDES, JOSEPH 2500 INDUSTRIAL AVE. HUBBARD, OR 97032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GC BRAUN, WILLIAM E 2500 INDUSTRIAL AVE. HUBBARD, OR 97032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IRWIN, IAN 2500 INDUSTRIAL AVE HUBBARD, OR 97032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC PATTERSON, DAN 2500 INDUSTRIAL HUBBARD, OR 97032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIFFEE, DAVE 2500 INDUSTRIAL AVE. HUBBARD, OR 97032

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 4/26/06 DAYTIME PHONE #: 503-982-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR