


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90033 032 ***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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



04132007 Chg-P CR2E034 (12/06)

4. FEI Number
 93-1242033

Applied For
 Not Applicable

5. Certificate of Status Desired \$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

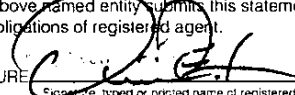
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 4/23/07

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, 2007 Fee will be \$550.00

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

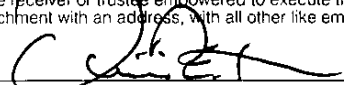
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRIFREE, DAVE	
STREET ADDRESS	2500 INDUSTRIAL AVE.	
CITY-ST-ZIP	HUBBARD, OR 97032	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRANDES, JOSEPH	
STREET ADDRESS	2500 INDUSTRIAL AVE.	
CITY-ST-ZIP	HUBBARD, OR 97032	
TITLE	GC	<input type="checkbox"/> Delete
NAME	BRAUN, WILLIAM E	
STREET ADDRESS	2500 INDUSTRIAL AVE.	
CITY-ST-ZIP	HUBBARD, OR 97032	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	IRWIN, IAN	
STREET ADDRESS	2500 INDUSTRIAL AVE	
CITY-ST-ZIP	HUBBARD, OR 97032	
TITLE	DC	<input type="checkbox"/> Delete
NAME	PATTERSON, DAN	
STREET ADDRESS	2500 INDUSTRIAL	
CITY-ST-ZIP	HUBBARD, OR 97032	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFREE, DAVE	
STREET ADDRESS	2500 INDUSTRIAL AVE.	
CITY-ST-ZIP	HUBBARD, OR 97032	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 report 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 4/23/07 503-982-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #