


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90069 018 ***150.00

DOCUMENT # F93000003818	
1. Entity Name SECOR INTERNATIONAL INCORPORATED	

Principal Place of Business 12034 134TH CT. NE STE 102 REDMOND, WA 98052 US	Mailing Address PO BOX 230 REDMOND, WA 98073 US
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40074000



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-0385098	Applied For <input type="checkbox"/> Not Applicable
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6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	PCEO / D. VAIS, JAMES L 12034 134TH CT NE STE 102 REDMOND, WA 98073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPHR SHUFFLETON, MARGARITE 2655 CAMINO DEL RIO N SAN DIEGO, CA 92108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BAUMGARDNER, JAMES 12034 134TH CT NE., SUITE 102 REDMOND, WA 98052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPPELLINO, RUSS 8 HIDDEN OAKS COTO DE CAZA, CA 92679
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANOS, PETER 600 NEW HAMPSHIRE AVE NE, STE 660 WASHINGTON, DC 20037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUSTBADER, MICHAEL 600 NEW HAMPSHIRE AVE NE, STE 660 WASHINGTON, DC 20037

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07 (425)372-1600

Date

Daytime Phone #