


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90374 022 \*\*\*150.00

**DOCUMENT # 550209**

1. Entity Name  
**BOLESKY/NOLTE INTENTION, INC.**



Principal Place of Business  
**730 KLINK ROAD**  
**BUCKLEY, WA 98321-9587**

Mailing Address  
**730 KLINK ROAD**  
**BUCKLEY, WA 98321-9587**

2. Principal Place of Business  
**730 GRAVITY WAY**  
 Suite, Apt. #, etc.


3. Mailing Address  
**730 GRAVITY WAY**  
 Suite, Apt. #, etc.

City & State  
**BUCKLEY WA**

City & State  
**BUCKLEY WA**

Zip  
**98321-9587** Country  
**USA**

Zip  
**98321-9587** Country  
**USA**



03242006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**BOLESKY, KAREN L.**  
**4900 CREEKSIDE DR.**  
**SUITE M**  
**CLEARWATER, FL 33760**


7. Name and Address of New Registered Agent

Name **Some**

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 **4-20-06**

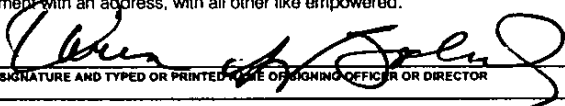
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOLESKY, KAREN L. <del>730 KLINK ROAD</del> <b>730 GRAVITY WAY</b> BUCKLEY, WA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NOLTE, MARCIA W. <del>730 KLINK ROAD</del> <b>GRAVITY WAY</b> BUCKLEY, WA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **4-20-06** 360 829-1025

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