


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 854070 1. Entity Name EVERGREEN INTERNATIONAL AIRLINES, INC.	
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Principal Place of Business 3850 THREE MILE LANE ATTN: TAX DEPT MCMINNVILLE, OR 97128 US	Mailing Address 3850 THREE MILE LANE ATTN: TAX DEPT MCMINNVILLE, OR 97128 US
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0357870	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DELFORD M 3850 THREE MILE LANE MCMINNVILLE, OR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, RYAN M 3850 THREE MILE LANE MCMINNVILLE, OR 97128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOOTRESS, GWENNA R 3850 THREE MILE LANE MCMINNVILLE, OR 97128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT IRWIN, JOHN A 3850 THREE MILE LANE MCMINNVILLE, OR 97128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUER, BRIAN T 3850 3 MILE LN MCMINNVILLE, OR 97128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000872180
04/10/08-80027-023 150.00

**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: 	1/21/08	503-472-9361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #