

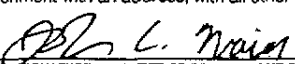


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000002823			
1. Entity Name OREGON BREWING COMPANY, INC.			
Principal Place of Business 2320 OSU DR. NEWPORT, OR 97365		Mailing Address 2320 OSU DR. NEWPORT, OR 97365	
DO NOT WRITE IN THIS SPACE			
		 01182005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 93-0996650	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 MONBLAT, SANDY 1633 SW 28TH WAY FORTLAUDERDALE, FL 33312			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PD		
NAME	JOYCE, JACK L		
STREET ADDRESS	2320 OSU DR.		
CITY - ST - ZIP	NEWPORT, OR 97365		
TITLE	S		
NAME	MAIER, JOHN		
STREET ADDRESS	2320 OSU DR.		
CITY - ST - ZIP	NEWPORT, OR 97365		
TITLE	TD		
NAME	SCHULTZ, JEFFRY D		
STREET ADDRESS	9700 SW CAPITAL HWY		
CITY - ST - ZIP	PORTLAND, OR		
TITLE	D		
NAME	LAVARIS, TOM		
STREET ADDRESS	325 118TH AVE SE STE 106		
CITY - ST - ZIP	BELLEVUE, WA		
TITLE	D		
NAME	MOORE, PETER		
STREET ADDRESS	216 NW 15TH		
CITY - ST - ZIP	PORTLAND, OR		
TITLE	D		
NAME	ROSENFELD, WARREN		
STREET ADDRESS	2495 NW NICOLAI ST.		
CITY - ST - ZIP	PORTLAND, OR		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		John C. Maier 1/20/05 541-867-3660	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	