


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000004367
 1. Entity Name
 TALISMA CORP.



Principal Place of Business 411 108TH AVE NE SUITE 900 BELLEVUE, WA 98004	Mailing Address 411 108TH AVE NE SUITE 900 BELLEVUE, WA 98004
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02062007 No Chg-P CR2E034 (11/05)

4. FEI Number 94-3353980	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

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ DATE _____
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 NAME STREET ADDRESS CITY- ST- ZIP	PRES VETRAS, DANIEL 411 108TH AVE NE #900 BELLEVUE, WA 98004
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SEC PFEIFFER, WADE 411 108TH AVE NE #900 BELLEVUE, WA 98004
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TREA PFEIFFER, WADE 411 108TH AVE NE #900 BELLEVUE, WA 98004
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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: Wade Pfeiffer DATE: 3-19-07 DAYTIME PHONE #: 425 6883800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Wade Pfeiffer CFO