## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000005051

Entity Name: ORIGIN COMMUNICATIONS, INC

3820 31ST AVENUE WEST

SEATTLE, WA 98199

Address:

City-St-Zip:

FILED Apr 21, 2006 Secretary of State

Littly Na	ille. ORIGINA	SOMMONICATIONS, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
1136 ROU MACEDOI	ITE 31 N, NY 14502				
Current Mailing Address:			New Mailing Address:		
1136 ROU MACEDOI	ITE 31 N, NY 14502				
FEI Number	: 16-1479143	FEI Number Applied For()	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
MARCIANO, LOU ANN 230B FOXTRAIL DR. WEST PALM BEACH, FL 33415 US			8205 QUITÓ PLAC	MARCIANO, LOU ANN 8205 QUITO PLACE WELLINGTON, FL 33414 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its regis	tered office or registered agent, or both,	
SIGNATURE:				04/21/2006	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEO ( FILER, TED 1136 ROUTE 3 MACEDON, NY		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( KLING, BRECK 1136 ROUTE 3 MACEDON, NY	1	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ANDERSON, T 6033 KLUMP A		Address: 825 EA	(X) Change()Addition RSON, T. VALFRID RST CHIA ROAD SPRINGS, CA 92262	
Title: Name:	D ( COOPER. KEV	) Delete 'IN	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: TED FILER CEO 04/21/2006