

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003674

Entity Name: RADIX CONSTRUCTION, INC.

FILED
Feb 13, 2007
Secretary of State

Current Principal Place of Business:

2422 125TH AVE. ROAD #153
NAMPA, ID 836866300

New Principal Place of Business:

Current Mailing Address:

2422 12TH AVE. ROAD #153
NAMPA, ID 836866300

New Mailing Address:

FEI Number: 20-0084247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE, FL 323011283 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WARD, DAVID L
Address: 8371 PARTRIDGE DRIVE
City-St-Zip: NAMPA, ID 33686

Title: VP () Delete
Name: O'NEAL, TONY
Address: 1910 NORTH MOUNTAIN VISTA LANE
City-St-Zip: STAR, ID 83669

Title: SD () Delete
Name: STIMPSON, SCOTT
Address: 10196 BIGWOOD DRIVE
City-St-Zip: BOISE, ID 83709

Title: TD () Delete
Name: ULMER, GENE C
Address: 2025 SOUTH PREAKNESS WAY
City-St-Zip: NAMPA, ID 83686

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DAVID LEE WARD

PD

02/13/2007

Electronic Signature of Signing Officer or Director

_____ Date