2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2005 8:00 am Secretary of State

DOCUI 1. Entity Name RELION,		. 785 				03-07-2005	90290 ()36 ***150).00
D-111 D1	(D)	Marilian Address					M O O J	10000	
Principal Place of Business 15913 E. EUCLID AVE. SPOKANE, WA 99216		15913 E. EUCLID AVE. SPOKANE, WA 99216		•••				•	
2. Principal Place of Business		3. Mailing Address						018 01 1 118 1 1813 1813	<u> </u>
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03012005	Chg-P	CR2E	E034 (10/03)	
City & State		City & State			4. FEI Number 91-219	•		, <u>, , , , , , , , , , , , , , , , , , </u>	oplied For of Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered	1 Agent	
	Name								
1200 SOU	ORATION SYSTEM TH PINE ISLAND ROAD ON, FL 33324		Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
	«		City				F	Zip Code	e
	named entity submits this statement for	or the purpose of changing its r	egistered office or	registere	ed agent, or bo	th, in the State of F			and accept
trie obligati	ions of registered agent.			•			•		
SIGNATURE_			Occident discount				DATE		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signatu	ire required	when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campaig Trust Fund Contri			00 May Be ed to Fees	.		- * .	
10.	OFFICERS AND	DIRECTORS	11.			CHANGES TO OF	FICERS AN	ND DIRECTORS	S IN 11
TITLE	C	☐ Delete	TITLE	PRE	s were		•	☐ Change	Addition
NAME STREET ADDRESS	SHERMAN, MICHAEL		NAME STREET ADDRESS	6A	12 6	Ench 9	1.10		
CITY-ST-ZIP	15913 E. EUCLID AVE. SPOKANE, WA 99216		CITY-ST-ZIP	130	OKAMA	1114	992	16	
TITLE	VCD	☐ Delete	TITLE	-21	2	· · · · · · · · · · · · · · · · · · ·	<u> </u>	☐ Change	Addition
NAME	PARTOVI, NASER		NAME						,
STREET ADDRESS CITY-ST-ZIP	15913 E. EUCLID AVE.		STREET ADDRESS CITY-ST-ZIP						
nre -	SPOKANE, WA 99216		Cili-Si-Zir	- A. E.	Λ			. Change :	- I'b'
NAME	DAVIS, J. MICHAEL	Velete	NAME		mer F	Rounke	سيرا		1 AUGISO
STREET ADDRESS	15913 E. EUCLID AVE.		STREET ADDRESS	150	13 6	Surred	Ave		
CITY-ST-ZIP	SPOKANE, WA 99216		CITY-ST-ZIP	<u>'</u>	exami	Baumke Euclid	99.	216_	
TITLE	D	☐ Defete	TITLE	VP		•	•	Change	Addition
NAME 070557 4 DODGSO	LICHTENSTEIN, ADAM		NAME	MI		-Rimes Lucid	1110		
STREET ADDRESS CITY-ST-ZIP	15913 E. EUCLID AVE. SPOKANE, WA 99216		STREET ADDRESS City-St-Zip	150	17 6	ILIA	49	216	
TITLE	VP VP	☐ Delete	TITLE	-> 0''	1-pvn(Change	☐ Addition
NAME	CHRISTENSEN, PETER		NAME				-2		
STREET ADDRESS	15913 E. EUCLID AVE.		STREET ADDRESS			,			
CITY-ST-ZIP	SPOKANE, WA 99216-	·	CITY-ST-ZIP		·	r			
TITLE	S ALLEÑ, CHRISTIE	Delete	TITLE			,		☐ Change	Addition Addition
NAME STREET ADDRESS	15013 E ELICLID AVE	*	NAME		••			-	

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.

CITY-ST-ZIP

SPOKANE, WA 99216