


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

1113

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000005006 1. Entity Name NEW DEFINITIONS, INCORPORATED	
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Principal Place of Business 1000 STATION DR., SUITE 110 DUPONT, WA 98327	Mailing Address 1000 STATION DR., SUITE 110 DUPONT, WA 98327
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DO NOT WRITE IN THIS SPACE

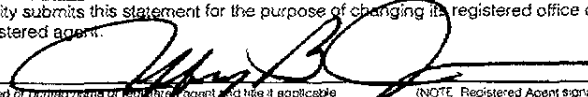


01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 91-1642270	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JONES, JEFFRY B 354 BRAZILIAN AVE., SUITE 3 PALM BEACH, FL 33480	DO NOT WRITE IN THIS SPACE
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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 **1/24/2004**

Signature, typed or printed name of registered agent and how it applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE KWIECIAK, STAN 1000 STATION DR., SUITE 110 DUPONT, WA 98327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WEDDING, BEN 1000 STATION DR., SUITE 110 DUPONT, WA 98327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WISE, LEE 1000 STATION DR., SUITE 110 DUPONT, WA 98327
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/29/04-80012-015 150.00

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: **Lee Wise** **Lee Wise, CFO** **1/9/04** **253-565-1203**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #