


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90386 045 \*\*\*150.00

DOCUMENT # F04000001202 1. Entity Name ZETRON, INC.	
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Principal Place of Business 12034 134TH COURT NE REDMOND, WA 98052-2445	Mailing Address P.O. BOX 97004 REDMOND, WA 98073-9704
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40087363



04092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 91-1121292	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	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MILT, ZEUSCHEL 12034 134TH COURT NE REDMOND, WA 980522445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REECE, JOHN 12034 134TH COURT NE REDMOND, WA 980522445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT BEANLAND, DAVID 12034 134th CT NE REDMOND, WA 98052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIPPIE, BRENT TREASURER 12034 134TH CT NE REDMOND, WA 98052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Brent Dippie, COO      Date: April 9, 2007      Daytime Phone #: 425 820-6363