
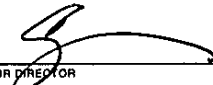


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90480 026 \*\*\*150.00

<b>DOCUMENT # F04000004034</b> 1. Entity Name <b>ENHANCED TECHNOLOGY FINANCIAL SERVICES, INC.</b>					
Principal Place of Business <b>926 24TH WAY OLYMPIA, WA 98502</b>			Mailing Address <b>P.O. BOX 14850 TUMWATER, WA 98511</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHRISTENSEN, R W JR.		NAME		
STREET ADDRESS	926 24TH WAY		STREET ADDRESS		
CITY - ST - ZIP	OLYMPIA, WA 98502		CITY - ST - ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHRISTENSEN, VICKI		NAME		
STREET ADDRESS	926 24TH WAY		STREET ADDRESS		
CITY - ST - ZIP	OLYMPIA, WA 98502		CITY - ST - ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CREGG, BRIAN		NAME		
STREET ADDRESS	926 24TH WAY		STREET ADDRESS		
CITY - ST - ZIP	OLYMPIA, WA 98502		CITY - ST - ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDSTEIN, ERIC		NAME		
STREET ADDRESS	926 24TH WAY		STREET ADDRESS		
CITY - ST - ZIP	OLYMPIA, WA 98502		CITY - ST - ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUFFMAN, DARCY		NAME		
STREET ADDRESS	926 24TH WAY		STREET ADDRESS		
CITY - ST - ZIP	OLYMPIA, WA 98502		CITY - ST - ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAY, CINDY		NAME		
STREET ADDRESS	926 24TH WAY		STREET ADDRESS		
CITY - ST - ZIP	OLYMPIA, WA 98502		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.					
<b>SIGNATURE:</b> <u>Cindy Kay, VP - Finance</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		 <small>Date</small>		<u>4/28/05</u> <small>Date</small>	
		<u>360-753-6000</u> <small>Daytime Phone #</small>			