2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004034

Entity Name: ENHANCED TECHNOLOGY FINANCIAL SERVICES, INC.

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business:			New Prin	New Principal Place of Business:		
926 24TH WAY OLYMPIA, WA 98502				926 24TH WAY SW OLYMPIA, WA 98502		
Current Mailing Address:			New Mail	New Mailing Address:		
P.O. BOX TUMWATE	14850 ER, WA 98511					
FEI Number: 05-0570296 FEI Number Applied For () FEI N			FEI Number Not App	oplicable () Certificate of Status Desired ()		
Name and	Address of Co	urrent Registered Agent:	Name and	nd Address of New Registered Agent:		
1200 SOU PLANTATI	ORATION SYS TH PINE ISLAN ON, FL 33324	ID ROAD US	urnoso of changing	g its registered office or registered agent, or both,		
in the State		ubilitis tilis statement for the pu	rpose or changing	g its registered office of registered agent, or both,		
SIGNATUR		0				
	Electroni	c Signature of Registered Ager	nt	Date		
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	CHRISTENSEN, 926 24TH WAY OLYMPIA, WA 9	98502 Delete VICKI	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	V (X) Change () Addition CHRISTENSEN, VICKI 926 24TH WAY SW		
Title: Name: Address: City-St-Zip: Title: Name: Address:	CREGG, BRIAN 926 24TH WAY OLYMPIA, WA 9	Delete	Title: Name: Address: City-St-Zip: Title: Name: Address:	V (X) Change () Addition CREGG, BRIAN 926 24TH WAY SW : OLYMPIA, WA 98502 () Change () Addition		
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	HUFFMAN, DAR 926 24TH WAY OLYMPIA, WA 9	Delete CY 98502 Delete	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	V (X) Change () Addition HUFFMAN, DARCY 926 24TH WAY SW : OLYMPIA, WA 98502 V (X) Change () Addition KAY, CINDY 926 24TH WAY SW		

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: CINDY KAY VP 04/25/2006