2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004891

Address:

City-St-Zip:

17225 KELOK RD.

LAKE OSWEGO, OR 97034

Entity Name: PACIFIC CONSTRUCTION MANAGEMENT, INC.

FILED Mar 31, 2005 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|---|---|------------------------------|---|---|--|
| | COLLINS WAY S WEGO, OR 970 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | COLLINS WAY S WEGO, OR 970 | | | | |
| FEI Number | : 91-2178570 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| 2508 CHÁ | GERALD F NUTE TRAIL D, FL 32751 | JS | | | |
| | e named entity su e of Florida. | bmits this statement for the | ourpose of changing its registere | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| Election Car | mpaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGI | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | CP () E PERSINGER, LAI 17225 KELOK RO LAKE OSWEGO, | DAD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () E DOUGLAS, MICH 15087 SW 161S TIGARD, OR 972 | AVE. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | ST () [PERSINGER, CA | elete ROLI | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: CAROL L. PERSINGER ST 03/31/2005