2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# F04000004942

Entity Name: COAXIS, INC.

Current Principal Place of Business:

15350 SW SEQUOIA PARKWAY, SUITE 250
PORTLAND, OR 97224

New Principal Place of Business:

1515 SE WATER, 300
PORTLAND, OR 97214

Current Mailing Address:

15350 SW SEQUOIA PARKWAY, SUITE 250
PORTLAND, OR 97224

New Mailing Address:

1515 SE WATER, 300
PORTLAND, OR 97214

FEI Number: 59-2993235 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HALADAY, JAY
Address: 18420 OLD RIVER LANDING
City-St-Zip: LAKE OSWEGO, FL 97034

Title: CD ( ) Delete
Name: HALADAY, JAY
Address: 18420 OLD RIVER LANDING
City-St-Zip: LAKE OSWEGO, OR 97034

Title: S ( ) Delete
Name: HALADAY, RENEE
Address: 18420 OLD RIVER LANDING
City-St-Zip: LAKE OSWEGO, OR 97034

Title: VPT ( ) Delete
Name: ARCE, DEBORAH J
Address: 15350 SW SEQUOIA PKWY #250
City-St-Zip: PORTLAND, OR 97224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HALADAY, JAY
Address: 1515 SE WATER AVENUE, #300
City-St-Zip: PORTLAND, OR 97214

Title: CD (X) Change ( ) Addition
Name: HALADAY, JAY
Address: 1515 SE WATER AVENUE, #300
City-St-Zip: PORTLAND, OR 97214

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPT (X) Change ( ) Addition
Name: ARCE, DEBORAH J
Address: 1515 SE WATER AVENUE, #300
City-St-Zip: PORTLAND, OR 97214

I hereby certify that the information supplied with this filing does not qualify 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: DEBBIE ARCE VPT 04/23/2008

Electronic Signature of Signing Officer or Director Date