

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

06-30-2006 90001 006 \*\*\*550.00

F05000001087

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 AUG 14 PM 2:56

<b>DOCUMENT # F05000001087</b> 1. Entity Name <b>DUXAREA INC.</b> <b>DUXAREA INC.</b>					
Principal Place of Business <b>3325 SOUTH 116TH STREET, SUITE 161 TUKWILA, WA 98168</b>			Mailing Address <b>3325 SOUTH 116TH STREET, SUITE 161 TUKWILA, WA 98168</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-0604529</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 526-E PARK AVENUE TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 \$550.00 Due by September 6, 2006</b>			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PC</b> <b>BUTLER, ANDREW</b> <b>15 SHIRE AVE</b> <b>SPALDING, LINCOLNSHIRE, UK.</b>		<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>PETERS, DONNA</b> <b>2329 MINOR AVE E</b> <b>SEATTLE, WA 98102</b>		<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO/President</b> <b>KELLEY, KEVIN</b> <b>8838 SE 59TH ST</b> <b>MERCER ISLAND, WA 98040</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Thomas Dawson</b> <b>23704 Meridian Pl W</b> <b>Bothell, WA 98021</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary / Treasurer</b> <b>RANDOL BRAYENT</b> <b>1717 16th Ave #2</b> <b>Seattle, WA 98122</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>James W. Rice</b> <b>16612 25th Ave. S.W.</b> <b>Seattle, WA 98166</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>James W. Rice</i>			6/23/06 206-248-0808		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					