2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# F06000006391

Entity Name: GREYHAWK TECHNOLOGIES, INC.

Current Principal Place of Business:

12121 NE 99TH STREET
SUITE 2100
VANCOUVER, WA 98682

New Principal Place of Business:

Current Mailing Address:

PMB 102
11500 NE 76H STREET
VANCOUVER, WA 98662

New Mailing Address:

FEI Number: 91-1665512 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASEY, CRAIG S
2816 BROADWAY CENTER BLVD
BRANDON, FL 33510 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: CHRM ( ) Delete
Name: FLEMING, THOMAS E
Address: 12504 NE 43RD AVE.
City-St-Zip: VANCOUVER, WA 98686

Title: P ( ) Delete
Name: FLEMING, THOMAS E
Address: 12504 NE 43RD AVE.
City-St-Zip: VANCOUVER, WA 98686

Title: VD ( ) Delete
Name: COLSON, TERRY L
Address: 26 CRESTWICKE COURT
City-St-Zip: NEWNAN, GA 30265

Title: STD ( ) Delete
Name: COLSON, KRISTINE P
Address: 26 CRESTWICKE COURT
City-St-Zip: NEWNAN, GA 30265

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: KRISTINE COLSON STD 02/16/2009

Electronic Signature of Signing Officer or Director — Date