

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000393

FILED
Apr 29, 2008
Secretary of State

Entity Name: EID PASSPORT, INC.

Current Principal Place of Business:

10450 SW NIMBUS AVE., BLDG. RA
PORTLAND, OR 97223

New Principal Place of Business:

Current Mailing Address:

10450 SW NIMBUS AVE., BLDG. RA
PORTLAND, OR 97223

New Mailing Address:

FEI Number: 93-1331902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T 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: CEO () Delete
Name: LARSON, STEVE
Address: 2057 RIVERKNOLL CT.
City-St-Zip: WEST LINN, OR 97068

Title: S () Delete
Name: FULSHER, ALLAN
Address: P. O. BOX 92096
City-St-Zip: PORTLAND, OR 97292

Title: D () Delete
Name: EBERHART, RALPH
Address: 909 N. WASHINGTON ST.
City-St-Zip: ALEXANDRIA, VA 22314

Title: D () Delete
Name: HUMPHREY, RAY
Address: 902 9TH AVE. SOUTH
City-St-Zip: NAPLES, FL 34102

Title: PCOO () Delete
Name: ROBELL, JAMES
Address: 7667 SW OVIATT DR.
City-St-Zip: BEAVERTON, OR 97007

Title: D () Delete
Name: STURTEVANT, CATHY
Address: 10865 SW FALCON CT.
City-St-Zip: BEAVERTON, OR 97007

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:

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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: CATHY STURTEVANT

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date