

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90047 045 \*\*\*150.00

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| <b>DOCUMENT # F93000003818</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                                            |                                                                                                                                                                     |                                                                                                        |  |
| <b>1. Entity Name</b><br>SECOR INTERNATIONAL INCORPORATED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                              |                                            |                                                                                                                                                                     |                                                                                                        |  |
| <b>Principal Place of Business</b><br>12034 134TH CT. NE<br>STE 102<br>REDMOND, WA 98052 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                              |                                            | <b>Mailing Address</b><br>PO BOX 230<br>REDMOND, WA 98073 US                                                                                                        |                                                                                                        |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              | <b>3. Mailing Address</b>                  |                                                                                                                                                                     |                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              | Suite, Apt. #, etc.                        |                                                                                                                                                                     |                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              | City & State                               |                                                                                                                                                                     | <b>4. FEI Number</b><br>33-0385098                                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              | Country                                    |                                                                                                                                                                     | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND RD.<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              |                                            | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |                                                                                                        |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                            |                                                                                                                                                                     |                                                                                                        |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                              |                                            |                                                                                                                                                                     |                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              |                                            | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                       |                                                                                                        |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                              |                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                        |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PCEO<br>VAIS, JAMES L<br>12034 134TH CT NE STE 102<br>REDMOND, WA 98073                      | <input type="checkbox"/> Delete            |                                                                                                                                                                     |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | VPHR<br>SHUFFLETON, MARGARITE<br>2655 CAMINO DEL RIO N<br>SAN DIEGO, CA 92108                | <input type="checkbox"/> Delete            |                                                                                                                                                                     |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CFO<br>BAUMGARDNER, JAMES<br>12034 134TH CT NE., SUITE 102<br>REDMOND, WA 98052              | <input type="checkbox"/> Delete            |                                                                                                                                                                     |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D<br>CAPPELLINO, RUSS<br>8 HIDDEN OAKS<br>COTO DE CAZA, CA 92679                             | <input checked="" type="checkbox"/> Delete |                                                                                                                                                                     |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D<br>MANOS, PETER<br>600 NEW HAMPSHIRE AVE NE, STE 660<br>WASHINGTON, DC 20037               | <input checked="" type="checkbox"/> Delete |                                                                                                                                                                     |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D<br>LUSTBADER, MICHAEL<br>600 NEW HAMPSHIRE AVE NE, STE 660<br>WASHINGTON, DC 20037         | <input checked="" type="checkbox"/> Delete |                                                                                                                                                                     |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Director<br>Anthony P. Franceschini;<br>10160 112th ST.<br>Edmonton, Alberta, Canada T5K 2L6 |                                            |                                                                                                                                                                     |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Director<br>Jeffrey S. Lloyd<br>10160 112th ST.<br>Edmonton, Alberta Canada T5K 2L6          |                                            |                                                                                                                                                                     |                                                                                                        |  |
| <b>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> |                                                                                              |                                            |                                                                                                                                                                     |                                                                                                        |  |
| <b>SIGNATURE:</b> <u>JAMES BAUMGARDNER</u> <b>4/8/08</b> <b>(425) 372-1600</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                                            |                                                                                                                                                                     |                                                                                                        |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                              |                                            |                                                                                                                                                                     |                                                                                                        |  |