2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# F95000004657

Entity Name: MULVANNYG2 ARCHITECTURE CORPORATION

Current Principal Place of Business:

1110 112 AVE NE
500
BELLEVUE, WA 98004 US

New Principal Place of Business:

Current Mailing Address:

1110 112 AVE NE
500
BELLEVUE, WA 98004 US

New Mailing Address:

FEI Number: 91-0972198 **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: CEO ( ) Delete
Name: LEE, JERRY Q
Address: 3212 90TH PLACE SE
City-St-Zip: MERCER ISLAND, WA 98040

Title: P ( ) Delete
Name: SMITH, MITCHELL C
Address: 18612 SE 41ST COURT
City-St-Zip: ISSAQUAH, WA 98027

Title: VC (X) Delete
Name: PETERS, BARBARA
Address: 4241 135TH AVE, SE
City-St-Zip: BELLEVUE, WA 98006

Title: VP ( ) Delete
Name: MADDOX, RONALD L.
Address: 14102 SE 83RD ST
City-St-Zip: NEWCASTLE, WA 98059

Title: VP ( ) Delete
Name: ZHANG, MING
Address: 4881 FOREST AVE SE
City-St-Zip: MERCER ISLAND, WA 98040

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: VP (X) Change ( ) Addition
Name: MADDOX, RONALD L.
Address: 8109 150TH PLACE SE
City-St-Zip: NEWCASTLE, WA 98059

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MITCHELL C SMITH PRES 01/05/2005

Electronic Signature of Signing Officer or Director Date