


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000003134	
1. Entity Name REDHOOK ALE BREWERY, INCORPORATED	

Principal Place of Business 14300 NE 1454TH ST STE 210 WOODINVILLE, WA 98072	Mailing Address 14300 NE 1454TH ST STE 210 WOODINVILLE, WA 98072
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DO NOT WRITE IN THIS SPACE



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number 91-1141254	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000502072
04/25/06-80088-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SHIPMAN, PAUL S 14300 NE 145TH STREET STE 210 WOODINVILLE, WA 980729045
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V MICKELSON, DAVID J 14300 NE 145TH STREET STE 210 WOODINVILLE, WA 980729045
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP-S PRIAL, GERARD C. 35 CORPORATE DRIVE PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V TRIPLETT, ALLEN 14300 NE 145TH STREET STE 210 WOODINVILLE, WA 980729045
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S RAFF, DOUGLASS A 1001 4TH AVENUE PLAZA, STE 4400 SEATTLE, WA
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T JONES, LORRI L. 14300 NE 145TH STREET STE 210 WOODINVILLE, WA 980729045

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  **Lori Jones** **3/22/06** **(425) 403-3232**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone