


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000005082
 1. Entity Name
 COMMUNICATION SPECIALISTS OF WA, INC.



Principal Place of Business Mailing Address
 17280 WOODINVILLE-REDMOND ROAD P.O. BOX 2197
 #800A WOODINVILLE, WA 98072 US
 WOODINVILLE, WA 98072 US



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 91-1257319 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BUSINESS FILINGS INCORPORATED
 1203 GOVERNORS SQUARE BLVD
 SUITE 101
 TALLAHASSEE, FL 32301-2960

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

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------------------|
| TITLE | PVT |
| NAME | WOODRUFF, TERRY |
| STREET ADDRESS | 17280 WOODINVILLE-REDMOND ROAD #800A |
| CITY-ST-ZIP | WOODINVILLE, WA 98072 |
| TITLE | S |
| NAME | WOODRUFF, BETTY |
| STREET ADDRESS | 17280 WOODINVILLE-REDMOND ROAD #800A |
| CITY-ST-ZIP | WOODINVILLE, WA 98072 |
| TITLE | |
| NAME | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 01/24/06-80044-009 150.00

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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: Mike Conway Mike Conway 1/16/06 425-482-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #