


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90104 041 \*\*\*150.00

**DOCUMENT # F98000005082**

1. Entity Name  
**COMMUNICATION SPECIALISTS OF WA, INC.**



Principal Place of Business <b>17280 WOODINVILLE-REDMOND ROAD          #800A          WOODINVILLE, WA 98072 US</b>	Mailing Address <b>P.O. BOX 2197          WOODINVILLE, WA 98072 US</b>
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**DO NOT WRITE IN THIS SPACE**



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>91-1257319</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED  
 1203 GOVERNORS SQUARE BLVD  
 SUITE 101  
 TALLAHASSEE, FL 32301-2960**

**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 *[Signature]* **PRESIDENT** 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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE <b>PVT PRESIDENT</b>	NAME <b>WOODRUFF, TERRY</b>
STREET ADDRESS <b>17280 WOODINVILLE-REDMOND ROAD #800A</b>	
CITY-ST-ZIP <b>WOODINVILLE, WA 98072</b>	
TITLE <b>S</b>	NAME <b>WOODRUFF, BETTY</b>
STREET ADDRESS <b>17280 WOODINVILLE-REDMOND ROAD #800A</b>	
CITY-ST-ZIP <b>WOODINVILLE, WA 98072</b>	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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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: *[Signature]* **PRESIDENT** **4/30/07** **206-391-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #