


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P23570 1. Entity Name PAULSON INVESTMENT COMPANY, INC.	
---	---

Principal Place of Business 811 SW NAITO PKWY. SUITE 200 PORTLAND, OR 97204	Mailing Address 811 SW NAITO PKWY. SUITE 200 PORTLAND, OR 97204
---	---



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 93-0789804	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULSON, CHESTER L 811 S.W. NAITO PKWY. #200 PORTLAND, OR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PAULSON, JACQUELINE M. 811 SW NAITO PKWY. #200 PORTLAND, OR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMEAR, KENNETH T. 811 SW NAITO PKWY. #200 PORTLAND, OR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, GLEN 811 SW NAITO PKWY. #200 PORTLAND, OR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000312709
04/18/05-80095-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-05

Date

503-243-1000

Daytime Phone #