

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23570

FILED
Mar 30, 2009
Secretary of State

Entity Name: PAULSON INVESTMENT COMPANY, INC.

Current Principal Place of Business:

811 SW NAITO PKWY.
SUITE 200
PORTLAND, OR 97204

New Principal Place of Business:

Current Mailing Address:

811 SW NAITO PKWY.
SUITE 200
PORTLAND, OR 97204

New Mailing Address:

FEI Number: 93-0789804 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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: CD () Delete
Name: PAULSON, CHESTER L
Address: 3153 SW FAIRMOUNT BLVD.
City-St-Zip: PORTLAND, OR 97201

Title: STD () Delete
Name: PAULSON, JACQUELINE, M.
Address: 3153 SW FAIRMOUNT BLVD
City-St-Zip: PORTLAND, OR 97201

Title: CEOP () Delete
Name: DAVIS, TRENT
Address: 18245 RIVER EDGE CT
City-St-Zip: LAKE OSWEGO, OR 97034

Title: CFO () Delete
Name: JOHANNES, KAREN L
Address: 3520 SE GLENWOOD ST.
City-St-Zip: PORTLAND, OR 97202

Title: D () Delete
Name: PAULSON, ERICK
Address: 333 NW 9TH AVE. NO. 604
City-St-Zip: PORTLAND, OR 97209

Title: VD () Delete
Name: PAULSON, CHARLES
Address: P.O. BOX 1505
City-St-Zip: KAPAAU, HI 96755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: PAULSON, JACQUELINE M
Address: 3153 SW FAIRMOUNT BLVD
City-St-Zip: PORTLAND, OR 97201

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KAREN JOHANNES

CFO

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date