2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000073060

City-St-Zip:

HILLSBORO, OR 97124

Entity Name: PHOENIX FLASHING, INC.

FILED May 16, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
500 S DIXI POMPANO	IE HWY E O BEACH, FL	33060			
Current Mailing Address:			New Mailing Address:		
500 S DIXI POMPANO	IE HWY E O BEACH, FL	33060			
FEI Number	: 65-0871697	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
500 S DIX	E, WILLIAM G IE HWY E O BEACH, FL	33060 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	I office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did ng Trust Fund Contribution ().	ot receive the prior notice.		
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	FONTAINE, ŴI 500 S. DIXIE H) Delete LLIAM G IIGHWAY, EAST ACH, FL 33060	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EUBANKS, HAI 500 S. DIXIE H) Delete ROLD IGHWAY EAST ACH, FL 33060	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	ST (LEVIN, NORMA 1859 N.E. 2ND		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: WILLIAM G. FONTAINE P 05/16/2005