

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000262

FILED
Aug 30, 2007
Secretary of State

Entity Name: FLOW CONTROL INDUSTRIES, INC.

Current Principal Place of Business:

14241 NE 200TH STREET
WOODINVILLE, WA 98072

New Principal Place of Business:

14241 NE 200TH ST
BLDG A, SUITE A
WOODINVILLE, WA 98072

Current Mailing Address:

14241 NE 200TH STREET
WOODINVILLE, WA 98072

New Mailing Address:

PO BOX 848
WOODINVILLE, WA 98072

FEI Number: 91-1430249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

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: _____

08/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SKOGHUND, PAUL K
Address: PO BOX 968
City-St-Zip: WOODINVILLE, WA 98072

Title: VP () Delete
Name: DEPRIEST, DALE
Address: 25327 SE 19TH PLACEET
City-St-Zip: ISSAQUSH, WA 98027

Title: S () Delete
Name: RICHARDS, ROBERT
Address: 43200 SE 163RD
City-St-Zip: NORTH BEND, WA 98045

Title: T () Delete
Name: VAN GENDEREN, WARREN
Address: 65 KIRKLAND AVE #306
City-St-Zip: KIRKLAND, WA 98033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SKOGLUND, PAUL K
Address: PO BOX 968
City-St-Zip: WOODINVILLE, WA 98072

Title: VP (X) Change () Addition
Name: DEPRIEST, DALE
Address: 25327 SE 19TH PLACE
City-St-Zip: ISSAQUAH, WA 98027

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: PAUL K SKOGLUND

PRES

08/30/2007

Electronic Signature of Signing Officer or Director

Date