



Washington
Secretary of State
SAM REED

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INITIAL ANNUAL REPORT

FILE FEE: \$10.00
SECRETARY OF STATE
SAM REED
FEB 23, 2005
STATE OF WASHINGTON

RETURN COMPLETED FORM AND PAYMENT TO:
(Checks made payable to "Secretary of State")

Corporations Division
801 Capitol Way South
PO Box 40234
Olympia, WA 98504-0234

Entity Name: FLOODSMART INSURANCE INC
Payment Due By: 6/12/2005
Unified Business Identifier: 602-473-222
State of Incorporation: WA
Inc./Qual. Date: 2/12/2005

TO AVOID DISSOLUTION/REVOCAION, AN INITIAL ANNUAL REPORT MUST BE FILED AND PROCESSED PRIOR TO: 6/12/2005

<p>Current Registered Agent/Office</p> <p>Terry Tyson 5212 233rd PL NE Arlington, WA98223</p>	<p>Registered Agent/Office Changes (Changes must be approved by the Board of Directors)</p> <p>New Registered Agent Name _____</p> <p>Consent to Appointment _____ <i>Signature of New Registered Agent</i></p> <p>Required Street Address _____</p> <p>City _____ State WA Zip Code _____</p> <p>Optional Mailing Address _____</p> <p>City _____ State WA Zip Code _____</p>
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INITIAL ANNUAL REPORT SECTION MUST BE FILLED IN COMPLETELY - TYPE OR PRINT IN BLACK INK

Principal place of business in WA 5212 233rd PL NE, ARLINGTON WA 98223
Address City State Zip

Telephone 360-403-9583 Email T.TYSON@FLOODSMART.COM Nature of Business INSURANCE

Foreign Entities - Principal office address in state/country of Origin

Address City State Zip Country

CORPORATION: Print or type names and addresses of corporate officers and directors including President, Vice President, Secretary, and Treasurer. If applicable the Chair of the Board of Directors and Directors. LLC: Print or type names and addresses of Members or Managers. (attach additional list if necessary)

TERRY L. TYSON President 5212 233rd PL NE ARLINGTON WA 98223
Name Title Address City State Zip

Name Title Address City State Zip

Name Title Address City State Zip

Name Title Address City State Zip

Name Title Address City State Zip

Terry L. Tyson TERRY L. TYSON PRES. 2-20-05
SIGNATURE Signature of Chairman of the Board, Officer, Member or Manager listed above Type or Print Name and Title Date