SECRETARY of STATE

NONPROFIT CORPORATION DELINQUENCY REPORT

Filing Fee -- \$10.00

RETURN TO: CORPORATIONS DIVISION P.O. BOX 40234 OLYMPIA, WA 98504-0234

Make checks payable to Secretary of State

NAME OF REGISTERED AGENT:

ROBERT A FICALORA

PAYMENT DUE BY:

06-16-2008

UNIFIED BUSINESS IDENTIFIER #: 602 479 427

CORPORATION NAME AND REGISTERED OFFICE ADDRESS:

THE REPUBLICAN DEMOCRACY PARTY

STATE OF INCORPORATION: INC./QUAL. DATE:

03-04-2005

WA

C/O ROBERT A FICALORA 6753 BELLE VISTA PL NW OLYMPIA WA 98502

If you have already filed an annual report, please disregard this notice. If you have not filed an annual report, please do so immediately, to avoid automatic dissolution/revocation on July 01, 2008.

SECTION A COMPLETE IF REGISTERED AGENT/ADD	RESS HAS CHANG	ED .	
Registered agent change must be authorized by the Board of Directors. The new registered a NEW REGISTERED			
OFFICE ADDRESS (Street address-a Post Office box cannot be accepted as a registered office address)	,		
EFFECTIVE DATE NEW AGENT'S SIGNATURE (X	<u> </u>		
SECTION B MUST BE COMPLETED			
ADDRESS OF PRINCIPAL PLACE 6753 Belle Vista	Pl. Olyan	pia Wa 99	3502
TELEPHONE NUMBER OF CORPORATION (360) 867-1405	<u> </u>		
ADDRESS OF FOREIGN CORPORATION'S PRINCIPAL OFFICE WHEREVER LOCATED			
List names and addresses of officers and directors. "Same" or "no change" will not be	accepted. The President can <u>not</u> s	serve as Secretary.	-D 44 -
PRESIDENT PORERTA FICALORA ZZI OLA AN TA ORACA		Frond State	Zip
V. PRESIDENT	City	State	Zip
SECRETARY Shave Fredrickson 2003 Harrison Auc.	#226 Olympia	Wa Starte	78502 Zip
TREASURER Name Address	City	State	Zip
DIRECTORS Name Address	City	State	Zip
(Attach list, if needed)	·		
Name Address	City	State	Zip
SECTION C MUST BE COMPLETED		A CCC	,
Briefly describe the affairs the corporation is conducting in the state of Washington Flect	oval Activit	resportice	3 (
functions			
Do the affairs listed above differ from those recorded with the Office of the Secretary of State?	YES	NO K	
If you indicated "Yes", what is the nature of and the reason for the change?			
(Corporation may be required to file an amendment to its articles of in	ncorporation if changes are extensive)		
SECTION D MUST BE COMPLETED	And the second of the second s	13 gg, 17 G a - 17 g	
Is the corporation a non-stock, nonprofit corporation incorporated under Chapter 24,03 RCW?	YES 🔀	NO U	NKNOWN
If you indicated "No" or "Unknown", you may proceed to the signature line.	YES T	ио 🔀	
Has the corporation filed an Internal Revenue Service Form 990 with the IRS? If you indicated "No", you may proceed to the signature line.			
Date of most recent Form 990 filing	For the year ending	//	,19
List Total Revenue as reported on IRS Form 990, Part 1, Line 12 (Enter "N/A" if nothing reported	d to the IRS)	; <u> </u>	
List "Unrelated Business Income" as reported on IRS Form 990-T (Enter "N/A" if nothing reported.	ed to the IRS)	,	
(X) Show he shiph. Socre	ETOVY TITLE OF OFFICER	SATE FORM	2/08 IS SIGNED
SIGNATURE OF OTTIOER	1		

According to State Law, 24.03 RCW, this document must be signed by either the President, Vice-president, Secretary, or Treasurer.