



**WASHINGTON**  
**Secretary of State**  
**Corporations & Charities Division**

Filed  
Secretary of State  
State of Washington  
Date Filed: 10/10/2023  
Effective Date: 10/10/2023  
UBI #: 604 835 629

## Annual Report

### BUSINESS INFORMATION

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Business Name:

**THE COURT OF SNOHOMISH COUNTY THE IMPERIAL SOVERIGN COURT OF SNOHOMISH COUNTY EMPIRE OF DREAMES**

UBI Number:

**604 835 629**

Business Type:

**WA NONPROFIT CORPORATION**

Business Status:

**ACTIVE**

Principal Office Street Address:

**15013 35TH AVE W, LYNNWOOD, WA, 98087-2521, UNITED STATES**

Principal Office Mailing Address:

**PO BOX 348, MARYSVILLE, WA, 98270-0348, UNITED STATES**

Expiration Date:

**11/30/2024**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**11/09/2021**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**CHARITABLE, CHARITY ORGANIZATION, SUPPORTING THE LGBTQ+ COMMUNITY AND YOUTH**

### NONPROFIT GROSS REVENUE CERTIFICATION

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Per [RCW 24.03A.960](#) does the Nonprofit certify that its total gross revenue in the most recent fiscal year was less than \$500,000? - **Yes**

### NONPROFIT CORPORATION'S EIN

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Nonprofit EIN: **87-4446780**

### REGISTERED AGENT [RCW 23.95.410](#)

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Registered Agent Name	Street Address	Mailing Address
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JASON BUCKINGHAM 15517 40TH AVE W APT F101, LYNNWOOD, WA, 98087-2348, UNITED STATES

#### PRINCIPAL OFFICE

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Phone:

Email:

**EMPIREOFDREAMSBUSINESS@GMAIL.COM**

Street Address:

**15013 35TH AVE W, LYNNWOOD, WA, 98087-2521, USA**

Mailing Address:

**PO BOX 348, MARYSVILLE, WA, 98270-0348, USA**

#### GOVERNORS

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Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		LEANNE	JOHNSON
GOVERNOR	INDIVIDUAL		JASON	BUCKINGHAM

#### NATURE OF BUSINESS

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- CHARITABLE
- CHARITY ORGANIZATION, SUPPORTING THE LGBTQ+ COMMUNITY AND YOUTH

#### REPORTING CHANGES FOR THE CHARITABLE NONPROFIT CORPORATION

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Does the Nonprofit Corporation meet exemptions of reporting as outlined in [RCW 24.03A.075](#)? - **Yes**

#### CONTROLLING INTEREST

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1. Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements?

- **No**

2. In the **past 12 months**, has there been a transfer of at least 16-2/3 percent of the ownership, stock, or other financial interest in the entity?

- **No**

a. If "Yes", in the **past 36 months**, has there been a transfer of controlling interest (50 percent or greater) of the ownership, stock, or other financial interest in the entity?

- **No**

3. If you answered "Yes" to question 2a, has a controlling interest transfer return been filed with the Department of Revenue?

- **No**

You **must** submit a Controlling Interest Transfer Return form if you answered "yes" to questions 1 **and** 2a.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of [RCW 82.45.220](#).

For more information on **Controlling Interest**, visit [www.dor.wa.gov/REET](http://www.dor.wa.gov/REET).

#### RETURN ADDRESS FOR THIS FILING

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Attention:

**LEANNE JOHNSON**

Email:

**EMPIREOFDREAMSBUSINESS@GMAIL.COM**

Address:

**PO BOX 348, MARYSVILLE, WA, 98270-0348, USA**

#### UPLOAD ADDITIONAL DOCUMENTS

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Do you have additional documents to upload? - **No**

#### EMAIL OPT-IN

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☐ By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

#### AUTHORIZED PERSON

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☒ I am an authorized person.

Person Type:

**INDIVIDUAL**

First Name:

**LEANNE JOHNSON**

Last Name:

**JOHNSON**

Title:

**VICE PRESIDENT**

☒ This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.