

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13935

FILED
Feb 23, 2007
Secretary of State

Entity Name: NORTHERN CLEARING, INC.

Current Principal Place of Business:

1805 MAIN ST W
ASHLAND, WI 54806 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 654
ASHLAND, WI 54806

New Mailing Address:

FEI Number: 39-1078041 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VERNON, RICHARD
Address: 1805 MAIN ST W
City-St-Zip: ASHLAND, WI 54806 US

Title: VD () Delete
Name: VERNON, CRAIG
Address: 1805 MAIN ST W
City-St-Zip: ASHLAND, WI 54806 US

Title: D () Delete
Name: VERNON, GEORGE O.
Address: 1805 MAIN ST W
City-St-Zip: ASHLAND, WI 54806 US

Title: VD () Delete
Name: VERNON, TODD
Address: 1805 MAIN ST W
City-St-Zip: ASHLAND, WI 54806 US

Title: S () Delete
Name: BELANGER, LOIS
Address: 1805 MAIN ST W
City-St-Zip: ASHLAND, WI 54806 US

Title: T () Delete
Name: MILANOWSKI, KRISTIE
Address: 1805 MAIN ST W
City-St-Zip: ASHLAND, WI 54806 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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 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: KRISTIE MILANOWSKI

T

02/23/2007

Electronic Signature of Signing Officer or Director

_____ Date