2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002394

Title:

Name:

Address:

City-St-Zip:

Entity Name: PACIFIC NORTHERN ENVIRONMENTAL CORP

FILED Mar 25, 2008 Secretary of State

Littly Nan	IE. FACIFIC N	ORTHERN ENVIRONMENTAL	CORF.				
Current Principal Place of Business:			New Principal Place of Business:				
	MBIA BLVD. /, WA 98632						
Current Mailing Address:			New Mailing Address:				
	MBIA BLVD. /, WA 98632						
FEI Number: 91-1458581 FEI Number Applied For ()			FEI Number Not Appli	Number Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
SUITE 4 WESTON,	UTIVÉ PARK D FL 33331 US	PRIVE bmits this statement for the pur	nose of changing it	e registered of	ffice or registered agen	t or both	
in the State	of Florida.	billits this statement for the pur	pose of changing it	is registered or	ilice of registered agen	t, or both,	
SIGNATUR		Signature of Registered Agent			Date		
Election Cam		Trust Fund Contribution ().	•		Bute		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () D PARTRIDGE, JOH 129 BOND RD. CASTLE ROCK, V		Title: Name: Address: City-St-Zip:	P (X) PARTRIDGE, JO 125 BOND RD. CASTLE ROCK,			
Title: Name: Address: City-St-Zip:	V () D JABUSCH, STEVE 297 YOUNG ROA KESLON, WA	EN E	Title: Name: Address: City-St-Zip:	V (X) JABUSCH, STEV 771 ALROY LAN KELSO, WA 98	NE		
Title: Name: Address: City-St-Zip:	CFO () D QUIRK, JOSEPH 3134 HUDSON ST LONGVIEW, WA		Title: Name: Address: City-St-Zip:	CFO (X) YOUNG, LARRY 186 MORNING S SILVERLAKE, W	STAR DRIVE		

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.

Title:

Name:

Address:

City-St-Zip:

COO

PARTRIDGE, TODD

115 BLUE MOUNTAIN RD

CASTLE ROCK, WA 98611

() Change (X) Addition

SIGNATURE: STEVEN E JABUSCH V 03/25/2008

() Delete