

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002546

FILED  
Jun 22, 2009  
Secretary of State

Entity Name: NATIVE AMERICAN SERVICES CORP

## Current Principal Place of Business:

201 K STREET  
SMELTERVILLE, ID 83868

## New Principal Place of Business:

53285 SILVER VALLEY ROAD  
KELLOGG, ID 83837

## Current Mailing Address:

PO BOX 489  
SMELTERVILLE, ID 83868

## New Mailing Address:

53285 SILVER VALLEY ROAD  
KELLOGG, ID 83837

FEI Number: 84-1449170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSSI, CHARLES  
767 BLANDING STE 106  
ORANGE PARK, FL 32065 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JAMES, MATTHEW  
Address: PO BOX 489  
City-St-Zip: SMELTERVILLE, ID 83868

Title: V ( ) Delete  
Name: SHEPPARD, DENNIS  
Address: PO BOX 489  
City-St-Zip: SMELTERVILLE, ID 83868

Title: ST ( ) Delete  
Name: LUNA, RICK  
Address: PO BOX 489  
City-St-Zip: SMELTERVILLE, ID 83868

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: JAMES, MATTHEW PRES  
Address: PO BOX 489  
City-St-Zip: SMELTERVILLE, ID 83868

Title: V (X) Change ( ) Addition  
Name: SHEPPARD, DENNIS VICE-PR  
Address: PO BOX 489  
City-St-Zip: SMELTERVILLE, ID 83868

Title: ST (X) Change ( ) Addition  
Name: LUNA, RICK CFO  
Address: PO BOX 489  
City-St-Zip: SMELTERVILLE, ID 83868

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.

SIGNATURE: RICK LUNA

CFO

06/22/2009

Electronic Signature of Signing Officer or Director

Date