

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001491

FILED
Apr 20, 2012
Secretary of State

Entity Name: NEVADA CONTRACTOR'S REGISTRY, INC.

Current Principal Place of Business:

1000 RIVERWALK DR
350
IDAHO FALLS, ID 89106

New Principal Place of Business:

1000 RIVERWALK DR
350
IDAHO FALLS, ID 83402

Current Mailing Address:

P.O. BOX 51838
IDAHO FALLS, ID 83405

New Mailing Address:

FEI Number: 88-0250484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: CHRM
Name: TAMAS, GEORGE
Address: 1520 BOLERO DRIVE
City-St-Zip: SANTA BARBARA, CA 93108

Title: VCPS
Name: YOUNG, PAULA G
Address: 1000 RIVERWALK DR., SUITE 350
City-St-Zip: IDAHO FALLS, ID 83402

Title: VPT
Name: YOUNG, PAULA G
Address: 1000 RIVERWALK DR., SUITE 350
City-St-Zip: IDAHO FALLS, ID 83402

Title: D
Name: JACKINTELL, JERRY
Address: PO BOX 51838
City-St-Zip: IDAHO FALLS, ID 83402

Title: D
Name: YOUNG, TOMMIS
Address: PO BOX 51838
City-St-Zip: IDAHO FALLS, ID 83402

Title: D
Name: PARKER, JESS
Address: PO BOX 51838
City-St-Zip: IDAHO FALLS, ID 83405

I hereby 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 all other like empowered.

SIGNATURE: NANCY HOWARD

COO

04/20/2012

Electronic Signature of Signing Officer or Director

Date