

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90843 040 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |                                                                                  |                                                                                                                                      |                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000116707</b><br>1. Entity Name<br><b>NORTHERN CONSTRUCTION SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |                                                                                  |                                                                                                                                      |                                                                   |  |
| Principal Place of Business<br><b>3818 72ND TERRACE EAST<br/>SARASOTA, FL 34243 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                                                                  | Mailing Address<br><b>3818 72ND TERRACE EAST<br/>SARASOTA, FL 34243 US</b>                                                           |                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suits, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               |                                                                                  | 3. Mailing Address<br>Suits, Apt. #, etc.                                                                                            |                                                                   |  |
| City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               |                                                                                  | City & State<br>Zip Country                                                                                                          |                                                                   |  |
| 4. FEI Number<br><b>20-1518903</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               |                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable                                                                               |                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               |                                                                                  | <b>\$8.75 Additional Fee Required</b>                                                                                                |                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><b>SULLIVAN, DANIEL D<br/>3818 72ND TERRACE EAST<br/>SARASOTA, FL 34243</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               |                                                                                  |                                                                                                                                      |                                                                   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when necessary) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               |                                                                                  |                                                                                                                                      |                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                      | <b>\$5.00 May Be Added to Fees</b>                                |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                         |                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P SULLIVAN, DANIEL D<br/>3818 72ND TERRACE EAST<br/>SARASOTA, FL 34243</b> <input type="checkbox"/> Delete |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                               |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                               |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                               |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                               |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                               |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment. |                                                                                                               |                                                                                  |                                                                                                                                      |                                                                   |  |
| SIGNATURE: <u><i>Daniel D. Sullivan</i></u><br>DANIEL D. SULLIVAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |                                                                                  | Date: <u>4/26/07</u>                                                                                                                 |                                                                   |  |