

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000047105

FILED
Feb 10, 2009
Secretary of State

Entity Name: THE NORTH END GROUP INC

Current Principal Place of Business:

1110 HW 29 SOUTH
CANTONMENT, FL 32533 US

New Principal Place of Business:

Current Mailing Address:

3121 SOUTH PINE BARREN RD
MC DAVID, FL 32568 US

New Mailing Address:

FEI Number: 20-4623270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMINE, SUSAN
3121 S PINE BARREN RD
MCDAVID, FL 32568 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: P () Delete
Name: COLEMAN, MARGIE
Address: 2990 POLK RD
City-St-Zip: CENTURY, FL 32535 US

Title: VP () Delete
Name: CUSHING, WANDA
Address: P O BOX 252
City-St-Zip: MOLINO, FL 32577 US

Title: SEC () Delete
Name: ROMINE, SUSAN
Address: 3121 S PINE BARREN RD
City-St-Zip: MCDAVID, FL 32568 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COLEMAN, MARGIE A
Address: 2990 POLK RD
City-St-Zip: CENTURY, FL 32535 US

Title: VP (X) Change () Addition
Name: ROMINE, SUSAN A
Address: 3121 SOUTH PINE BARREN ROAD
City-St-Zip: MCDAVID, FL 32568 US

Title: SEC (X) Change () Addition
Name: ROMINE, SUSAN A
Address: 3121 SOUTH PINE BARREN ROAD
City-St-Zip: MCDAVID, FL 32568 US

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: SUSAN A. ROMINE

VP

02/10/2009

Electronic Signature of Signing Officer or Director

_____ Date