2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000050093

Entity Name: NORTHERN, INC

FILED Mar 25, 2009 Secretary of State

Littly Nai	ile. NORTHER	KIN, IINC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6530 WEST ROGERS CIRCLE					
SUITE 30 BOCA RATON, FL 33487 US					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
6530 WEST ROGERS CIRCLE		RCLE			
SUITE 30 BOCA RA	TON, FL 33487	US			
FEI Number:	20-8905021	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
BALZER, THEODORE H 6530 WEST ROGERS CIRCLE SUITE 30 BOCA RATON, FL 33487 US			6530 WÉST ROGERS SUITE 30	BALZER, THEODORE H PRES 6530 WEST ROGERS CIRCLE SUITE 30 BOCA RATON, FL 33487 US	
	named entity s e of Florida.	ubmits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: THEODORE BALZER				03/25/2009	
	Electroni	c Signature of Registered Age	ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BALZER, THEO	GERS CIRCLE, SUITE 30	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BALZER, THEO	GERS CIRCLE, SUITE 30	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T () BALZER, THEOL	Delete DORE H	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: THEODORE BALZER PD 03/25/2009

6530 WEST ROGERS CIRCLE, SUITE 30

BOCA RATON, FL 33487 US

Address: City-St-Zip: