

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000086324

FILED
Apr 17, 2009
Secretary of State

Entity Name: NORTHEAST PRODUCTS INC

Current Principal Place of Business:

6023 NW RELIEF COURT
PT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

PO BOX 88055
PORT ST. LUCIE, FL 34988

New Mailing Address:

PO BOX 880055
PORT ST. LUCIE, FL 34988

FEI Number: 26-0629197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASSALIA, NANCEY
6023 NW RELIEF CT
PT ST LUCIE, FL 34983 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: CASSALIA, NANCEY
Address: 6023 NW RELIEF CT
City-St-Zip: PT ST LUCIE, FL 34983

Title: VP () Delete
Name: SMITH, JADE
Address: 7406 WOODMONT TERRACE # 206
City-St-Zip: TAMARAC, FL 33321

Title: TRES () Delete
Name: SPITZNAGEL, ROBERT
Address: 6023 NW RELIEF CT
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT SPITZNAGEL

TRES

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date