2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15792

Entity Name: U.S. NATURAL RESOURCES, INC.

FILED Jan 19, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
	PARKWAY DR, ER, WA 98662						
Current Mailing Address:				New Mailing Address:			
8000 N.E. PARKWAY DR, STE 100 VANCOUVER, WA 986626738 US				8000 N.E. PARKWAY DR, STE 100 VANCOUVER, WA 98662			
FEI Number: 94-2462111 FEI Number Applied For () FEI Nu			FEI Nun	nber Not Applicable () Certificate of Status Desired ()			
Name and	Address of Cu	ırrent Registered Agent:		Name and	Address of I	New Registered Agent:	
1200 S. PIN	DRATION SYST NE ISLAND RO DN, FL 33324						
The above in the State		ubmits this statement for the pu	urpose o	f changing it	ts registered o	office or registered agent, or both	٦,
SIGNATUR	RE:						
	Electroni	Signature of Registered Age	nt			Date	_
Election Carr	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CD () I WARD, RICHARI 8000 NE PKWY VANCOVER, WA	DR #100		Title: Name: Address: City-St-Zip:	CD (X WARD, RICHA 8000 NE PKW VANCOVER, W	Y DR #100	
Title: Name: Address: City-St-Zip:	DVST () I BECHEN, DONA 8000 NE PKWY VANCOVER, WA	DR #100		Title: Name: Address: City-St-Zip:	VST (X BECHEN, DON 8000 NE PKW VANCOVER, W	Y DR #100	
Title: Name: Address: City-St-Zip:	V () I KULBIEDA, GAR 212 STATE ST. BELLE VERNON			Title: Name: Address: City-St-Zip:	KULBIEDA, GA	(WAY DR #100	
Title: Name: Address: City-St-Zip:	P () I VAN HOOMISSE 558 ROBINSON WOODLAND, W	ROAD		Title: Name: Address: City-St-Zip:	VAN HOOMISS	(WÁY DR #100	
Title: Name: Address: City-St-Zip:	V () I KNERR, MICHAE 558 ROBINSON WOODLAND, WA	ROAD		Title: Name: Address: City-St-Zip:	KNERR, MICH	(WAY DR #100	
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	BLOMQUIST,	(WAY DR #100	

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: KY FULLERTON AS 01/19/2009