2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 25, 2008
Secretary of State

DOCUMENT# P97000108431

Entity Name: NORTHERN EXPOSURE & CONTRACTORS, INC.

Current Principal Place of Business:

2 COLD SPRING CT.
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

2 COLD SPRING CT
PALM COAST, FL 32137

New Mailing Address:

12 WHITAKER PL>
PALM COAST, FL 32164

FEI Number: 59-3496703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NUNNALLY, BARRY
2 COLD SPRIG CT.
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

NUNNALLY, MARY ANN
12 WHITAKER PL>
PALM COAST, FL 32164 US

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: MARY ANN NUNNALLY 06/25/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NUNNALLY, BARRY
Address: 2 COLD SPRING CT..
City-St-Zip: PALM COAST, FL 32137

Title: VP ( ) Delete
Name: NUNNELY, MARY ANN
Address: 2 COLDSPRING CT.
City-St-Zip: PALM COAST, FL 32137

Title: T ( ) Delete
Name: NUNNALLY, MARY ANN
Address: 2 COLD SPRING CT.
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NUNNALLY, MARY ANN
Address: 12 WHITAKER PL.
City-St-Zip: PALM COAST, FL 32164

Title: VP (X) Change ( ) Addition
Name: NUNNALLY, MARY ANN
Address: 2 COLDSPRING CT.
City-St-Zip: PALM COAST, FL 32137

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: MARY ANN PRES 06/25/2008
Electronic Signature of Signing Officer or Director Date