

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007325

FILED
Feb 25, 2010
Secretary of State

Entity Name: TYONEK SERVICES GROUP, INC.

Current Principal Place of Business:

1689 C STREET #219
ANCHORAGE, AK 995015131

New Principal Place of Business:

Current Mailing Address:

1689 C STREET #219
ANCHORAGE, AK 995015131

New Mailing Address:

FEI Number: 20-1603684 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/D
Name: PFEIFER, SCOTT M
Address: 1689 C STREET #219
City-St-Zip: ANHCORAGAE, AK 995015131

Title: VP
Name: DIXON, KEVIN S
Address: 1689 C STREET #219
City-St-Zip: ANHCORAGAE, AK 995015131

Title: ST/D
Name: VALKA, BETTY
Address: 1689 C STREET #219
City-St-Zip: ANCHORAGE, AK 995015131

Title: D
Name: MCCORD, EMIL J
Address: 1689 C STREET #219
City-St-Zip: ANCHORAGE, AK 995015131

Title: D
Name: MOON, SUSANNA L
Address: 1689 C STREET #219
City-St-Zip: ANHCORAGE, AK 995015131

Title: D
Name: KROTO, TED
Address: 1689 C STREET #219
City-St-Zip: ANCHORAGE, AK 995015131

I hereby 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 all other like empowered.

SIGNATURE: KEVIN DIXON

VP

02/25/2010

Electronic Signature of Signing Officer or Director

_____ Date