2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2007 08:00 AM Secretary of State

DOC	IN/	ΙĘΝ	lΤ#、	1074	119
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1. Entity Name

NORTHEASTERN INVESTMENTS, INC.



US

Principal Place of Business

Mailing Address

1001 E ATLANTIC AVE. STE. 202 1000 MARKET ST

BLDG 1

DO NOT WRITE IN THIS SPACE

PORTSMOUTH, NH 03801 L

PORTSMOUTH, NH 03801

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2653841

01042007

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRITCHFIELD, RICHARD H. 1001 E. ATLANTIC AVE. DELRAY BEACH, FL 33483			DO NOT WRITE IN THIS SPACE				
the obligat	ions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered	Agent signature required when reinstating)				
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	03/30/07-80050-022 150.00		
10.	OFFICERS AND DIREC	TORS	<u> </u>		<u> </u>		
ITILE VAME STREET ADDRESS CITY-ST-ZIP TITILE VAME STREET ADDRESS CITY-ST-ZIP	PD WALSH, MARK 1001 E ATLANTIC AVE. DELRAY BEACH, FL 33483 S CRITCHFIELD, RICHARD H. 1001 E ATLANTIC AVE. DELRAY BEACH, FL 33483						
name Street address (City-St-Zip			DO NOT WRITE				
TITLE NAME Street address City-St-Zip			IN THIS SPACE				
HTLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE VAME							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental report istrue and accurate add that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receipter of trustee empowered tolevaculte utils report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the epipowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/0

2019219-9900

Mark Walsh, Alesidera