

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90126 033 ***150.00

0875183 AV

DOCUMENT # **P00000105948**

1. Entity Name
NORTH AMERICAN ACQUISITION GROUP, INC.



Principal Place of Business
**ONE NORTH CLEMATIS STREET
SUITE 305
WEST PALM BEACH FL 33401**

Mailing Address
**ONE NORTH CLEMATIS STREET
SUITE 305
WEST PALM BEACH FL 33401**

10058368



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1059601**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WIENER, DAVID J ESQ
ONE NORTH CLEMATIS STREET
SUITE 305
WEST PALM BEACH FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten Signature]

2/26/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	PRESTON, JOHN W	
STREET ADDRESS	ONE NORTH CLEMATIS ST, SUITE 305	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	DVAS	<input checked="" type="checkbox"/> Delete
NAME	BERNICK, LARRY	
STREET ADDRESS	ONE NORTH CLEMATIS ST, SUITE 305	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	GREEN, ROBERT S	
STREET ADDRESS	2851 JOHN STREET STE ONE	
CITY-ST-ZIP	MARKHAM, ONTARIO L3R -5R7	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hamilton, Tom	
STREET ADDRESS	One North Clematis Street, Suite 305	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and 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 receiver or trustee empowered to execute this 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 like empowered

North American Acquisition Group, Inc.

SIGNATURE:

By: *[Handwritten Signature]*

2-26-03

561-835-1810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tom Hamilton, Vice President

Date

Daytime Phone #

CR2E034 (10/02)