

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90020 012 ***150.00

DOCUMENT # P02000070563

1. Entity Name
NORTH AMERICAN HOSPITALITY GROUP, INC.



Principal Place of Business Mailing Address
5554 METRO WEST BLVD STE 107 **5554 METRO WEST BLVD STE 107**
ORLANDO, FL 32811 **ORLANDO, FL 32811**

40049603

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
4632 MiddleBrook Rd. **4632 MiddleBrook Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#2B **#2B**

03152008 Chg-P CR2E034 (12/06)

City & State City & State
Orlando, Florida **Orlando, Florida**

Zip Country Zip Country
32811 **USA** **32811** **USA**

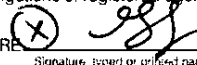
4. FEI Number Applied For
52-2365794 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HUNTER, NATALYA
5554 METRO WEST BLVD STE 107
ORLANDO, FL 32811

7. Name and Address of New Registered Agent
 Name
Ioulia Iarovaia
 Street Address (P.O. Box Number is Not Acceptable)
4632 MiddleBrook Rd. #2B
 City State Zip Code
Orlando **FL** **32811**

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  **03/18/2008** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PST HUNTER, NATALYA 5554 METRO WEST BLVD #107 ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ioulia Iarovaia 4632 MiddleBrook Rd. #2B Orlando, Florida 32811 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.

SIGNATURE  **03/18/2008** Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR