2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90687 001 ***300.00

DOCUMENT # P92000004064

1. Entity Name
NORTH AMERICAN LIABILITY GROUP, INC.

Principal Place of Business	Mailing Address
11891 US HWY 1 100 N PALM BEACH, FL 33408 US	11891 US HWY 1 100 N PALM BEACH, FL 33408 US

04132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2929 E Commercial Blvd	2929 E Commercial Blvd
Suite, Apt #, etc: Suite 610	Suite, Apt #, etc: Suite 610
City & State: Ft Lauderdale Fl	City & State: Ft Lauderdale Fl
Zip: 33308 Country: USA	Zip: 33308 Country: USA

4. FEI Number: 65-0386286 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HACKNEY, ROBERT C
11891 US HWY 1
100
N PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name: Harold S. Fischer
Street Address (P.O. Box Number is Not Acceptable): 2929 E. Commercial Blvd
Suite 610
City: Ft Lauderdale FL Zip Code: 33308

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: Harold S. Fischer [signature] DATE: 4.16.04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WILSON, BRADLEY 11891 US HWY 1 N PALM BEACH, FL 33408	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Harold S. Fischer 2929 E. Commercial Blvd Ft. Lauderdale Fl 33308	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Harold S. Fischer [signature] Date: 4.16.04 Daytime Phone #: 954-771-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR