


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90029 016 ***158.75

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1. Entity Name
 NORTH AMERICAN TECHNOLOGY SERVICES, INC.



Principal Place of Business Mailing Address

4820 PARK BLVD. 4820 PARK BLVD.
 PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781

DO NOT WRITE IN THIS SPACE



03282007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3280529 Not Applicable

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

6. Name and Address of Current Registered Agent

PATRICK M. O'CONNOR, P.A.
 1250 S BELCHER
 SUITE 160
 LARGO, FL 33771

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	OBERDING, JACK
STREET ADDRESS	4820 PARK BLVD
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	DSTV
NAME	GEIGER, GLEN
STREET ADDRESS	4820 PARK BLVD
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	VP
NAME	DIFABIO, JOSEPH W
STREET ADDRESS	10615 BARDS CT
CITY-ST-ZIP	LARGO, FL 33777
TITLE	VP
NAME	O'NEILL, BRIAN
STREET ADDRESS	318 CORDOVA BLVD NE
CITY-ST-ZIP	ST PETERSBURG, FL 33704
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Alan E. DeJoy* 3/28/2007 *Glen E. Geiger* 727 545-4288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #