

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000028892

FILED
May 01, 2006
Secretary of State

Entity Name: NORTH AMERICAN MANAGEMENT, INC.

Current Principal Place of Business:

169 E. FLAGLER ST. #941
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

169 E. FLAGLER ST. #941
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0822818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRASHENNY, LEONID
169 E. FLAGLER ST. #941
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GALUSTYANTS, MARKERA
169 E. FLAGLER ST. #941
MIAMI, FL 33131 US

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.

SIGNATURE: MARKERA GALUSTYANTS

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KRASHENNY, LEONID
Address: 320 188 STREET
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GALUSTYANTS, MARKERA
Address: 169 E. FLAGLER ST. #941
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARKERA GALUSTYANTS

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date