2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jul 01, 2005 **DOCUMENT# 764707** Secretary of State

Entity Name: NATIVE AMERICAN HERITAGE GROUP, INC.

Current Principal Place of Business: New Principal Place of Business: 22400 NE HIGHWAY 315 FT. MCCOY, FL 32134 **Current Mailing Address: New Mailing Address:** C/O JAN HIBBS 3440 NE 175 ST RD CITRA, FL 32113 FEI Number: 59-2226249 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HIBBS, JANET 3440 N E 175 ST ED CITRA, FL 32113 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CDP () Delete () Change () Addition BRILL, MICHAEL Name: Name: 22400 NE HIGHWAY 315 Address: Address: City-St-Zip: FT. MCCOY, FL 32134 City-St-Zip: Title: () Delete Title: (X) Change () Addition JOHNSON, CHRIS Name: FRANZ, CHUCK M DIRECTO Name: Address: 625 ROSS CAMPGROUND RD Address: 22400 N E HIGHWAY 315 City-St-Zip: CHURCH HILL, TN 37642 City-St-Zip: FT. MCCOY, FL 32134 Title: STD () Delete Title: () Change () Addition HIBBS, JANET Name: Name: 3440 NE 175TH STREET ROAD Address: Address: City-St-Zip: CITRA, FL 32113 City-St-Zip: Title: SD () Delete Title: (X) Change () Addition Name: OATSON, DENISE Name: WOMAN, SPIRIT 2578 S GRUNOY QUARLES PKWY 931 HARRISON RD Address: Address: City-St-Zip: GAINESBORO, TN 38562 City-St-Zip: GENEVA, FL 32732 Title: () Delete Title: (X) Change () Addition OATSON, JOHN WOLF, WINTER Name: Name: 2578 S GRUNOY QUARLES PKWY 931 HARRISON RD Address: Address: GAINESBORO, TN 38562 City-St-Zip: City-St-Zip: GENEVA, FL 32732

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL BRILL CDP 07/01/2005

(X) Delete

WOLF, WINTER

931 HARRISON RD

GENEVA, FL 32732

Title:

Name:

Address:

City-St-Zip:

() Change () Addition