


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90465 035 ****61.25

DOCUMENT # 764707 1. Entity Name NATIVE AMERICAN HERITAGE GROUP, INC.	
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Principal Place of Business 22400 NE HIGHWAY 315 FT. MCCOY, FL 32134	Mailing Address C/O JAN HIBBS 3440 NE 175 ST RD CITRA, FL 32113
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04272006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2226249

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent HIBBS, JANET 3440 N E 175 ST ED CITRA, FL 32113	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CDP <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BRILL, MICHAEL	NAME	
STREET ADDRESS	22400 NE HIGHWAY 315	STREET ADDRESS	
CITY-ST-ZIP	FT. MCCOY, FL 32134	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	FRANZ, CHUCK M DIRECTO	NAME	
STREET ADDRESS	22400 N E HIGHWAY 315	STREET ADDRESS	
CITY-ST-ZIP	FT. MCCOY, FL 32134	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	HIBBS, JANET	NAME	
STREET ADDRESS	3440 NE 175TH STREET ROAD	STREET ADDRESS	
CITY-ST-ZIP	CITRA, FL 32113	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	WOMAN, SPIRIT	NAME	
STREET ADDRESS	931 HARRISON RD	STREET ADDRESS	
CITY-ST-ZIP	GENEVA, FL 32732	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	WOLF, WINTER	NAME	
STREET ADDRESS	931 HARRISON RD	STREET ADDRESS	
CITY-ST-ZIP	GENEVA, FL 32732	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 617, 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 files empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-2006 513-464-7746