


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 15, 2006 08:00 AM
Secretary of State

DOCUMENT # F0000007131	
1. Entry Name LLOYD'S REGISTER NORTH AMERICA, INC.	

Principal Place of Business 1000 S. PINE ISLAND ROAD SUITE 530 PLANTATION, FL 33324	Mailing Address 1401 ENCLAVE PKWY. SUITE 200 HOUSTON, TX 77077
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08022006 No Chg-NP CR2E037 (4/06)

4. FEI Number 76-0647353	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

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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 \$81.25
Due by September 6, 2006

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

U00000574411
08/15/06-80003-009 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBER, PAUL A 1401 ENCLAVE PARKWAY, SUITE 200 HOUSTON, TX 77077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROCK, PETER 1514 KING'S CASTLE DRIVE KATY, TX 77450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRILL, DONNA 5406 BEAVER LODGE DRIVE KINGWOOD, TX 77345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLS, NEIL 20706 CHESTNUT HILLS DRIVE KATY, TX 77450
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 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 like empowered.

SIGNATURE: Paul A Huber **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date 8/9/06 Daytime Phone # 281-675-3100