2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007
Secretary of State

DOCUMENT# F02000002295

Entity Name: NORTH AMERICAN INDUSTRIAL SERVICES, INC.

Current Principal Place of Business:

1240 SARATOGA ROAD
BALLSTON SPA, NY 12020

New Principal Place of Business:

Current Mailing Address:

1240 SARATOGA ROAD
BALLSTON SPA, NY 12020

New Mailing Address:

FEI Number: 14-1771951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: ZILKA, FRANCIS
Address: 5 ETON COURT
City-St-Zip: SARATOGA SPRINGS, NY 12866

Title: VD ( ) Delete
Name: ZILKA, TIMOTHY
Address: 200 LAKE AVENUE
City-St-Zip: SARATOGA SPRINGS, NY 12866

Title: TD ( ) Delete
Name: PROUTY, KURT
Address: 647 MAIN STREET
City-St-Zip: NORWELL, MA 02061

Title: VSD ( ) Delete
Name: SCARINGE, CHRISTOPHER M
Address: 16 DUTCH MEADOWS DRIVE
City-St-Zip: COHOES, NY 12047

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHRISTOPHER SCARINGE VSD 03/30/2007

Electronic Signature of Signing Officer or Director Date