


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90004 020 ***150.00

DOCUMENT # F02000003114 1. Entity Name NOAM REINSURANCE COMPANY, LTD.					
Principal Place of Business M & S TRUST COMPANY LIMITED PO BOX 560, UPPER FLOOR, EAST WING PROVIDENCIALES TURKS & CAICO,			Mailing Address NORTH AMERICAN UNDERWRITERS & ASSOC INC 4300 DUHME RD., STE. 350 MAIERA BEACH, FL 33708		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address 151 107th Avenue Suite, Apt. #, etc. Ste. K City & State Treasure Island, FL Zip Country 33706 USA		
4. FEI Number 98-0376009			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			07082004 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent COOPER, MATTHEW J 4300 DUHME RD., STE. 350 MAIERA BEACH, FL 33708				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 151 107th Avenue Ste. K City State Zip Code Treasure Island, FL 33706	
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 _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP YOUNG, ROI W 4300 DUHME RD., STE. 350 MAIERA BEACH, FL 33708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP Young, Roi W. 151 107th Avenue Ste. K Treasure Island, FL 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVF COOPER, MATTHEW J 4300 DUHME RD., STE. 350 MAIERA BEACH, FL 33708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVF Cooper, Matthew J. 151 107th Avenue Ste. K Treasure Island, FL 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AMES, ANDREA R 4300 DUHME RD., STE. 350 MAIERA BEACH, FL 33708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VALDES-SANCHEZ, GERALDO 4300 DUHME RD., STE. 350 MAIERA BEACH, FL 33708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			Date: 7-9-04 Daytime Phone #: _____		

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