

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003508

FILED
Jan 04, 2007
Secretary of State

Entity Name: NORTH AMERICAN ASSOCIATION OF SUBWAY FRANCHISEES, INC.

Current Principal Place of Business:

95 MERRICK WAY
SUITE 710
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

95 MERRICK WAY
SUITE 710
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 41-1915823 **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

OFFICERS AND DIRECTORS:

Title: CH () Delete
Name: BROUGH, KEVIN
Address: 840 STATE ROUTE 9
City-St-Zip: QUEENSBURY, NY 12804

Title: CEO () Delete
Name: HANSEN, JAMES
Address: 32 VERNA ROAD
City-St-Zip: MONROE, CT 06468

Title: VC () Delete
Name: BECKER, ALAN
Address: 185 S. MILL STREET
City-St-Zip: NASHVILLE, IL 62263

Title: T () Delete
Name: WEHR, DIANE
Address: 3549 SPRINGHILL ROAD
City-St-Zip: BIRMINGHAM, AL 35223

Title: S () Delete
Name: DOWNEY, FRED
Address: P.O. BOX 301501
City-St-Zip: ESCONDIDO, CA 93030

Title: PARL () Delete
Name: MERKLEY, DAN
Address: P.O. BOX 6098
City-St-Zip: INNISFAIL, AL T4G 1S7

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CEO (X) Change () Addition
Name: HANSEN, JAMES
Address: 1940 SHARON STREET
City-St-Zip: BOCA RATON, FL 33486

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES HANSEN

CEO

01/04/2007

Electronic Signature of Signing Officer or Director

_____ Date