

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90145 030 ***150.00

DOCUMENT # F03000004390

1. Entity Name
 NORTH ATLANTIC CIGARETTE COMPANY, INC.



40048945



02012006 Chg-P CR2E034 (11/05)

Principal Place of Business
 3029 WEST MUHAMMAD ALI BOULEVARD
 LOUISVILLE, KY 40212

Mailing Address
 3029 WEST MUHAMMAD ALI BOULEVARD
 LOUISVILLE, KY 40212

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
 11-3686023

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME HELMS, THOMAS F JR.
 STREET ADDRESS 257 PARK AVENUE, SOUTH
 CITY-ST-ZIP NEW YORK, NY 10010 Delete

TITLE C
 NAME Helms, Jr, Thomas F.
 STREET ADDRESS 3029 Muhammad Ali Blvd.
 CITY-ST-ZIP Louisville, KY 40212 Change Addition

TITLE S
 NAME DOBBINS, JAMES W
 STREET ADDRESS 257 PARK AVENUE, SOUTH
 CITY-ST-ZIP NEW YORK, NY 10010 Delete

TITLE S
 NAME Dobbins, James W.
 STREET ADDRESS 3029 Muhammad Ali Blvd.
 CITY-ST-ZIP Louisville, KY 40212 Change Addition

TITLE T
 NAME HICKERSON, EDWARD L
 STREET ADDRESS 3024 MUHAMMED A-1 BLVD
 CITY-ST-ZIP LOUISVILLE, KY 40212 Delete

TITLE Vice President-Finance
 NAME Fentress, Camilla A.
 STREET ADDRESS 3029 Muhammad Ali Blvd.
 CITY-ST-ZIP Louisville, KY 40212 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE CEO
 NAME Rosefsky, Douglas P.
 STREET ADDRESS 3029 Muhammad Ali Blvd.
 CITY-ST-ZIP Louisville, KY 40212 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE P
 NAME Wexler, Larry S.
 STREET ADDRESS 3029 Muhammad Ali Blvd.
 CITY-ST-ZIP Louisville, KY 40212 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

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 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: Camilla A. Fentress 4/14/06 (502) 774-9274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #