2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003417

Apr 20, 2011 Secretary of State

04/20/2011

Entity Name: NORTH AMERICAN FAMILY INSTITUTE, INC.

New Principal Place of Business: Current Principal Place of Business:

26 HOWLEY STREET PEABODY, MA 01960

Current Mailing Address: New Mailing Address:

26 HOWLEY STREET PEABODY, MA 01960

FEI Number: 04-2921507 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANTHONY, YOLAND DONALDSON, VICKI 1500 PRESERVATION PATH 3328 NE COLÍN KELLY HIGHWAY BAKER, FL 32531 MADISON, FL 32340

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: VICKI DONALDSON

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ZUSKY, MARGARET N Name: Address: 234 LOWELL ROAD City-St-Zip: WELLESLEY, MA 02181

Title: COB

Name: RICH, HOWARD Address: 289 OCEAN AVE City-St-Zip:

MARBLEHEAD, MA 01945

Title: CD

VINICK, BARBARA DR. Name: Address: 72 BRADLEE AVE. City-St-Zip: SWAMPSCOTT, MA 01907

Title:

Name: BAKAL, YITZHAK DR 80 PARK STREET, APT 22 Address: City-St-Zip: BROOKLINE, MA 02246

Title:

NAKAMOTO, DANIEL Name: 238 HIGHLAND AVE Address: WINCHESTER, MA 01890 City-St-Zip:

Title:

ZAFRIS, JAMES Name: Address: 264 HIGH STREET

NEWBURYPORT, MA 01950 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: DAN NAKAMOTO T 04/20/2011