



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90503 050 \*\*\*150.00

<b>DOCUMENT # F94000005921</b> 1. Entity Name <b>ENRON NORTH AMERICA CORP.</b>					
Principal Place of Business <b>1221 LAMAR SUITE 1600 HOUSTON, TX 77010 US</b>			Mailing Address <b>P.O. BOX 1188 HOUSTON, TX 77251 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <b>1221 LAMAR STREET SUITE 1600, ATTN: TAX DEPT 8TH FLOOR HOUSTON, TX 77010 USA</b>			
		04052005 Chg-P CR2E034 (10/03)		4. FEI Number <b>76-0318139</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>DMCO DEFFNER, JOSEPH M 1221 LAMAR, SUITE 1600 HOUSTON, TX 77010</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>DP MILLER, L DON 1221 LAMAR, SUITE 1600 HOUSTON, TX 77010</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VP GC ARONOWITZ, ALAN B 1221 LAMAR, SUITE 1600 HOUSTON, TX 77010</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MD BAUGHMAN, EDWARD D 1221 LAMAR, SUITE 1600 HOUSTON, TX 77010</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>S COLE, KATE B 1221 LAMAR, SUITE 1600 HOUSTON, TX 77010</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D/ASSOCIATE RESTRUCTURING DIR. SEMPLER, ROBERT J. 1221 LAMAR STREET, SUITE 1600 HOUSTON, TX 77010</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P/CEO MILLER, L. DON 1221 LAMAR STREET, SUITE 1600 HOUSTON, TX 77010</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VP/S DAVIS, ANGUS H. 1221 LAMAR STREET, SUITE 1600 HOUSTON, TX 77010</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<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.					
<b>SIGNATURE: Patricia A. Lee</b> <b>PATRICIA A. LEE</b> <b>4-28-05</b> <b>(713) 853-5172</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASST. SECRETARY Date Daytime Phone #					