

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006225

FILED  
Mar 11, 2004  
Secretary of State

**Entity Name:** NORTH AMERICAN BENEFITS NETWORK, INC.

**Current Principal Place of Business:**

19800 DETROIT RD.  
CLEVELAND, OH 44116

**New Principal Place of Business:**

**Current Mailing Address:**

19800 DETROIT RD.  
CLEVELAND, OH 44116

**New Mailing Address:**

**FEI Number:** 34-1597330

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KERR, CHRISTOPHER B  
2201 CANTU COURT STE 102  
SARASOTA, FL 34232 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BAKER, DONALD T  
Address: 23512 QUAIL HOLLOW DR.  
City-St-Zip: WESTLAKE, OH 44145

Title: DC ( ) Delete  
Name: HAHN, ALEXANDER D  
Address: 3183 DICK WILSON DR.  
City-St-Zip: SARASOTA, FL 34240

Title: S ( ) Delete  
Name: SEELEY, GREGORY D  
Address: 1120 FOREST RD.  
City-St-Zip: LAKEWOOD, OH 44107

Title: V ( ) Delete  
Name: DEWSNUP, RONALD  
Address: 26905 MORGAN RUN  
City-St-Zip: WESTLAKE, OH 44145

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DCT (X) Change ( ) Addition  
Name: BAKER, DONALD T  
Address: 23512 QUAIL HOLLOW DR.  
City-St-Zip: WESTLAKE, OH 44145

Title: D (X) Change ( ) Addition  
Name: HAHN, ALEXANDER D  
Address: 3183 DICK WILSON DR.  
City-St-Zip: SARASOTA, FL 34240

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

Title: P (X) Change ( ) Addition  
Name: DEWSNUP, RONALD  
Address: 26905 MORGAN RUN  
City-St-Zip: WESTLAKE, OH 44145

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD T BAKER

DCT

03/11/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date