

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006225

FILED
May 24, 2005
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ZOELLER, RONALD K
Address: 56 BRAUNVIEW WAY
City-St-Zip: ORCHARD PARK, NY 14127

Title: S (X) Change () Addition
Name: ADERMAN, KEVIN W
Address: 5707 KIPPEN DRIVE
City-St-Zip: EAST AMHERST, NY 14051

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 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: KEVIN ADERMAN

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05/24/2005

Electronic Signature of Signing Officer or Director

Date