2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G66830

Title:

Name:

Address:

City-St-Zip:

STD

() Delete

550 MAMARONECK AVE., SUITE 404

KAYDEN, BERNARD H

HARRISON, NY 10528

FILED Jul 06, 2006 Secretary of State

Entity Name: NORTAM CORPORATION Current Principal Place of Business: New Principal Place of Business: 550 MAMARONECK AVENUE, SUITE 404 10312 SHIREOAKS LANE HARRISON, NY 10528 BOCA RATON, FL 33498 **Current Mailing Address: New Mailing Address:** 550 MAMARONECK AVENUE, SUITE 404 HARRISON, NY 10528 FEI Number: 58-1572282 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: WALTERS, CLIFFORD L 802 11TH STREET WEST BLALOCK, LANDERS, WALTERS & VOGEL, P.A. BRADENTON, FL 34205 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition RAO, B RAVINDRA Name: Name: 35 STEWART PL #704 Address: Address: City-St-Zip: MOUNT KISCO, NY 10549 City-St-Zip: Title: VD Title: () Delete (X) Change () Addition Name: KAYDEN, MILDRED Name: KAYDEN, MILDRED 550 MAMARONECK AVE., SUITE 404 10312 SHIREOAKS LANE Address: Address: BOCA RATON, FL 33498 HARRISON, NY 10528 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

STD

KAYDEN, BERNARD H

10312 SHIREOAKS LANE

BOCA RATON, FL 33498

SIGNATURE: BERNARD H. KAYDEN STD 07/06/2006

(X) Change () Addition