## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H28029

Entity Name: NORTH AMERICAN COMPANY

FILED Feb 06, 2009 Secretary of State

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

312 SE 17TH STREET SUITE 300

FT. LAUDERDALE, FL 333162524 US

Current Mailing Address: New Mailing Address:

312 SE 17TH STREET SUITE 300

FT. LAUDERDALE, FL 333162524 US

FEI Number: 65-0264069 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:

PALMER, CHARLES L.
312 SE 17TH STREET
312 SE 17TH STREET

SUITE 300 SUITE 300

FORT LAUDERDALE, FL 333162524 US FORT LAUDERDALE, FL 333162524 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: CHARLES L. PALMER 02/06/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

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

Title: DPT ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PALMER, CHARLES L.,
 Name:

 Address:
 312 SE 17TH ST SUITE 300
 Address:

 City-St-Zip:
 FT. LAUDERDALE, FL 333162524
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 DRESSLER, SHARON K
 Name:

 Address:
 312 SE 17TH STREET SUITE 300
 Address:

 City-St-Zip:
 FT. LAUDERDALE, FL 333162524
 City-St-Zip:

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

SIGNATURE: CHARLES L. PALMER DPT 02/06/2009