


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90021 050 ***150.00

DOCUMENT # K07075
 1. Entity Name
N.A. REALTY TRUST, INC.



Principal Place of Business Mailing Address
3200 TAMiami TRAIL N SUITE 200 **3200 TAMiami TRAIL N SUITE 200**
NAPLES, FL 34103 US **NAPLES, FL 34103 US**

40055751



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

01102007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0018627 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WOODWARD, MARK J.
3200 TAMiami TRAIL N SUITE 200
NAPLES, FL 34103

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	FERRAO, AUBREY	
STREET ADDRESS	3470 CLUB CENTER BLVD	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WOODWARD, MARK J	
STREET ADDRESS	3200 TAMiami TRAIL N SUITE 200	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	PARISI, JOSEPH L	
STREET ADDRESS	3470 CLUB CENTER BLVD	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8156 Fiddler's Creek Parkway	
CITY-ST-ZIP	Naples, FL 34114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8156 Fiddler's Creek Parkway	
CITY-ST-ZIP	Naples, FL 34114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:  2/1/07 (239) 732-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Joseph Livio Parisi