

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L03158

FILED
Jan 20, 2006
Secretary of State

Entity Name: NORTH AMERICAN DEVELOPMENT CORP.

Current Principal Place of Business:

2115 CORPORATE DRIVE
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

Current Mailing Address:

2115 CORPORATE DRIVE
BOYNTON BEACH, FL 33426 US

New Mailing Address:

FEI Number: 65-0145770 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FISKE, BARRY PD
1218 HARBOR DRIVE
DELRAY BEACH, FL 33483 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: FISKE, BARRY PD
Address: 1218 HARBOR DRIVE
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: VP () Delete
Name: FISKE, SCOTT VP
Address: 23131 L'ERMITAGE CIRLCE
City-St-Zip: BOCA RATON, FL 33433 US

Title: TS () Delete
Name: FISKE, LESLIE TS
Address: 1218 HARBOR DRIVE
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: VP () Delete
Name: FISKE, BRYAN VP
Address: 6287 VIA PALLADIUM
City-St-Zip: BOCA RATON, FL 33433 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: BARRY FISKE

PD

01/20/2006

Electronic Signature of Signing Officer or Director

_____ Date