
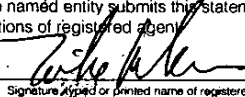
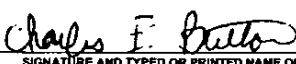


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90041 017 ***150.00

DOCUMENT # L41934 1. Entity Name NORTH AMERICAN RESOURCE GROUP, INC.			
Principal Place of Business 1025 S.E. HOLBROOK CT. PT. ST. LUCIE, FL 34952		Mailing Address 1025 S.E. HOLBROOK CT. PT. ST. LUCIE, FL 34952	
2. Principal Place of Business - No P.O. Box # 159 SW SOUTH DANVILLE CR Suite, Apt. #, etc.		3. Mailing Address 159 SW SOUTH DANVILLE CR Suite, Apt. #, etc.	
City & State PORT ST. LUCIE, Florida Zip 34953		City & State PORT ST. LUCIE, Florida Zip 34953	
Country ST. LUCIE		Country ST. LUCIE	
4. FEI Number 59-2981498		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUTTON, CHARLES E 855 SUNSET DR. MELBOURNE, FL 32935		7. Name and Address of New Registered Agent Name Michael Williams, VP Street Address (P.O. Box Number is Not Acceptable) 159 SW SOUTH DANVILLE CR City Port St Lucie FL Zip Code 34953	
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BUTTON, CHARLES E 855 SUNSET DR. MELBOURNE, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WILLIAMS, MICHAEL 159 S.W. DANVILLE CIRCLE S. PT. ST. LUCIE, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		Date 1-21-08 Daytime Phone # 772-331-2543	