2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L41934

Entity Name: NORTH AMERICAN RESOURCE GROUP, INC.

FILED Dec 05, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
159 SW SOUTH DANVILLE CT	159 SW SOUTH DANVILLE CIRCLE
PORT SAINT LUCIE, FL 34953	PORT SAINT LUCIE, FL 34953

Current Mailing Address: New Mailing Address:

159 SW SOUTH DANVILLE CT 159 SW SOUTH DANVILLE CIRCLE PORT SAINT LUCIE, FL 34953 PORT SAINT LUCIE, FL 34953

FEI Number: 65-0993909 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:

WILLIAMS, MICHAEL VP
159 SW SOUTH DANVILLE CT
PORT SAINT LUCIE, FL 34953 US
WILLIAMS, MICHAEL VP
159 SW SOUTH DANVILLE CIRCLE
PORT SAINT LUCIE, FL 34953 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.

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition BUTTON, CHARLES E BUTTON, CHARLES E Name: Name: 855 SUNSET DR. 855 SUNSET DR. Address: Address: MELBOURNE, FL 34935 City-St-Zip: MELBOURNE, FL City-St-Zip: () Delete Title: Title: (X) Change () Addition

Name: WILLIAMS, MICHAEL

Address: 159 S.W. DANVILLE CIRCLES

Address: 159 S.W. SOLITH DANVILLE CIRCLES

Address: 159 S.W. DANVILLE CIRCLE S. Address: 159 SW SOUTH DANVILLE CIRCLE City-St-Zip: PT. ST. LUCIE, FL City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: Title: T () Change (X) Addition

Name:Name:WOODRUFF, CURTISS BAddress:Address:221 NE PRIMA VISTA BLVD.City-St-Zip:City-St-Zip:PORT ST. LUCIE, FL 34983

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

 Name:
 Name:
 HAMMETT, KEVIN W

 Address:
 Address:
 4682 SE TERI PLACE

 City-St-Zip:
 City-St-Zip:
 STUART, FL 34997

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: MICHAEL WILLIAMS V 12/05/2008