

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L41934

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: NORTH AMERICAN RESOURCE GROUP, INC.

**Current Principal Place of Business:**

159 SW SOUTH DANVILLE CIRCLE  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

159 SW SOUTH DANVILLE CIRCLE  
PORT SAINT LUCIE, FL 34953

**New Mailing Address:**

FEI Number: 65-0993909

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, MICHAEL VP  
159 SW SOUTH DANVILLE CIRCLE  
PORT SAINT LUCIE, FL 34953 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: P ( ) Delete  
Name: BUTTON, CHARLES E  
Address: 855 SUNSET DR.  
City-St-Zip: MELBOURNE, FL 34935

Title: V ( ) Delete  
Name: WILLIAMS, MICHAEL  
Address: 159 SW SOUTH DANVILLE CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: T ( ) Delete  
Name: WOODRUFF, CURTISS B  
Address: 221 NE PRIMA VISTA BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: S ( ) Delete  
Name: HAMMETT, KEVIN W  
Address: 4682 SE TERI PLACE  
City-St-Zip: STUART, FL 34997

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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:

Title: DIR ( ) Change (X) Addition  
Name: JOHNSON, ERNEST T  
Address: 8303 PENNY LANE  
City-St-Zip: FORT PIERCE, FL 34951

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

VP

01/27/2009

Electronic Signature of Signing Officer or Director

Date