2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003544

Entity Name: NORTH AMERICAN COMPASS INSURANCE SERVICES GROUP, LLC

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9424 S TURNER 773 LONESOME DOVE TRAIL

EVERGREEN PARK, IL 60805 HURST, TX 76054

Current Mailing Address: New Mailing Address:

10644 GEIST RIDGE CT. 773 LONESOME DOVE TRAIL

FORTVILLE, IN 46040 HURST, TX 76054

FEI Number: 11-3702968 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:

BUSINESS FILINGS INCORPORATED 660 E. JEFFERSON STREET TALLAHASSEE, FL 32301 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.

SIGNATURE:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MEMBERS:

itle: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 SADER, PHIL D
 Name:
 STANLEY, MICHAEL E

 Address:
 9424 S TURNER
 Address:
 6712 ZERMATT COURT

 City-St-Zip:
 EVERGREEN PARK, IL 60805
 City-St-Zip:
 COLLEYVILLE, TX 76034

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

Name:STANLEY, SUMMER SName:STANLEY, SUMMER SAddress:10644 GEIST RIDGE COURTAddress:6712 ZERMATT COURTCity-St-Zip:FORTVILLE, IN 46040City-St-Zip:COLLEYVILLE, TX 76034

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SUMMER STANLEY MGR 04/29/2005