

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003236

FILED
Apr 28, 2008
Secretary of State

Entity Name: NORTH AMERICAN TEMPLATE, INC.

Current Principal Place of Business:

3741 S.W. KASIN STREET
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

3741 S.W. KASIN STREET
PORT SAINT LUCIE, FL 34953

New Mailing Address:

FEI Number: 04-3653177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUPPENS, MARC S
3741 S.W. KASIN STREET
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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CARBONE, RUSSELL
Address: 1802 ANTIGUA ROAD
City-St-Zip: LAKE CLARK SHORES, FL 33406

Title: DS () Delete
Name: LUPPENS, ELLEN E
Address: 3741 SW KASIN STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: DT () Delete
Name: LUPPENS, MARC S
Address: 3741 S.W. KASIN STREET
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: LUPPENS, MARC S
Address: 3741 SW KASIN STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: DS (X) Change () Addition
Name: LUPPENS, ELLEN E
Address: 3741 SW KASIN STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: D (X) Change () Addition
Name: MARCUS, LISA
Address: 19456 PRESERVE DRIVE
City-St-Zip: BOCA RATON, FL 33498 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC S. LUPPENS

DPT

04/28/2008

Electronic Signature of Signing Officer or Director

Date