


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

04 APR 16 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000105955		
1. Entity Name NORTH AMERICAN DEVELOPMENT GROUP, INC.		
Principal Place of Business	Mailing Address	
1 NORTH CLEMATIS STREET STE 305 PALM BEACH GARDENS, FL 33410	1 NORTH CLEMATIS STREET STE 305 PALM BEACH GARDENS, FL 33410	

DO NOT WRITE IN THIS SPACE



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1059600	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WIENER, DAVID J
1 NORTH CLEMATIS ST.
STE 305
WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

700032968227
16/04--01048--026 **150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PRESTON, JOHN W
STREET ADDRESS	1 NORTH CLEMATIS ST., STE 305
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	DVAS
NAME	HAMILTON, TOM
STREET ADDRESS	1 NORTH CLEMATIS ST., STE 305
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	DVST
NAME	GREEN, ROBERT S
STREET ADDRESS	2851 JOHN STREET STE ONE
CITY-ST-ZIP	MARKHAM, ONTARIO, L3R 5R7
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Tom Hamilton U.P.* Date: 2/23/04 Daytime Phone #: 904-835-1810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR