2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000004595

FILED Jul 05, 2005 Secretary of State

Entity Name: NORTH AMERICAN PROPERTY INVESTMENT CORPORATION

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
STA DRIVE				
FL 33469				
Current Mailing Address:		New Mailing Address	s:	
59 FL 33469				
5-1068804	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
				
amed entity s of Florida.	ubmits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
:				
Electronic Signature of Registered Agent		ent	Date	
		ot receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
GIBBONS, DÀVI	DH	Title: Name: Address:	() Change () Addition	
TEQUESTA, FL	33469	City-St-Zip:		
	FL 33469 ling Address 59 FL 33469 5-1068804 Address of C JIS L III POINCIANA I H, FL 33480 amed entity s of Florida. Electroni with s. 607.193 aign Financing AND DIRECT PD () GIBBONS, DAVI	Iing Address: 59 FL 33469 5-1068804 FEI Number Applied For () Address of Current Registered Agent: UIS L III POINCIANA PLAZA H, FL 33480 US amed entity submits this statement for the of Florida. Electronic Signature of Registered Ag with s. 607.193(2)(b), F.S., the corporation did naign Financing Trust Fund Contribution (). AND DIRECTORS:	STA DRIVE FL 33469 ling Address: New Mailing Address: Specification of the purpose of changing its registered of Florida. Electronic Signature of Registered Agent with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. aign Financing Trust Fund Contribution (). AND DIRECTORS: PD () Delete Signavire of Registered Name: Title: Name: New Mailing Address: New Mailing Address: New Mailing Address: Name and Address of Current Registered Agent: Name and Address of Current Registered Agent and Contribution (). ADDITIONS/CHANGING Title: Name:	

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 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: JOANN BREWSTER ST 07/05/2005