Pg 1/3

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

2007 JAN -5 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06

DOCUMENT # P01000025930

1. Entity Name

NORTH AMERICAN SPECIAL EVENTS, INC.

Principal Place of Business	Mailing Address
4601 NW 8TH LANE A FT. LAUDERDALE FL 33309	4601 NW 8TH LANE A FT. LAUDERDALE FL 33309

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1089050 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GEER, WADE E
4608 NW 8TH LANE
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P O Box Number is Not Acceptable)

City FL Zip Code

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 ______
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete GEER, WADE EDWARD 4608 NW 8TH LANE FT. LAUDERDALE FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000553230 ~~05/15/06 00042 020 150.00~~ DM# 65950-H
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: [signature] WADE EDWARD GEER 04-27-06 954-261-4350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1/05/07 DEPOSITS/PAYMENTS DETAIL SCREEN 9:03 AM

DEPOSIT NUMBER	: 12/15/06 01063 003	DEPOSIT TYPE	: COR
ACCOUNT NUMBER	:	DEPOSIT AMOUNT	: 165.00
USER ID	: KWALKER	DEPOSIT BALANCE	: 0.00
DEBIT MEMO DATE	:	VOID DATE	:
TRACKING NUMBER	: 200082581942	DOCUMENT NUMBER	: P01000025930
REQUESTOR	: dm # 65950-h REPLC FEE	LEDGER DATE	: 12/15/06
SUB ACCT NUMBER	:		

CATEGORY	DESCRIPTION	AMOUNT
ADM	ADMINISTRATIVE FEES	150.00
RTNCK	RETURNED CHECK FEE	15.00

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS

ENTER SELECTION AND CR: