

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061978

FILED
Jan 17, 2007
Secretary of State

Entity Name: NORTH POINT CONSULTANTS, INC.

Current Principal Place of Business:

6175 NW 153RD ST
325
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

6175 NW 153RD ST
325
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 65-1115500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRITZKER, ALAN
1371 NE 172ND STREET
MIAMI, FL 33162 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: PRITZKER, ALAN
Address: 1371 NE 172ND ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VD () Delete
Name: PRITZKER, BRENDA
Address: 1371 NE 172ND ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: V () Delete
Name: MARTIN, JOSE
Address: 1260 REDBIRD AVENUE
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: PRITZKER, MENACHEM D
Address: 1371 NE 172ND ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN PRITZKER

PTSD

01/17/2007

Electronic Signature of Signing Officer or Director

_____ Date