


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000095405 1. Entity Name NORTH AMERICAN INTERNATIONAL SCHOOL, INC.	
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Principal Place of Business 100 PINE FOREST LN. HAINES CITY, FL 33844	Mailing Address 100 PINE FOREST LN. HAINES CITY, FL 33844
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DO NOT WRITE IN THIS SPACE

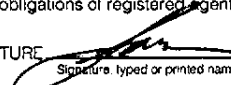


08172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3751628	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAUCOM, LATT 100 PINE FOREST LN. HAINES CITY, FL 33844

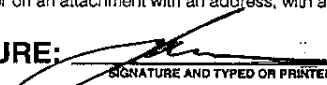
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IN THIS SPACE**

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  Latta M. Baucom <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE 17 August 2005

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UD0000376837 08/22/05-80005-002 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BAUCOM, KENNETH 100 PINE FOREST LN. HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST BAUCOM, LATT 100 PINE FOREST LN. HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  Latta M. Baucom <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 17 Aug 2005 (863) 422-6556 <small>Date Daytime Phone #</small>