


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000099226</b> 1. Entity Name <b>NORTH AMERICA DEVELOPMENT GROUP CORP.</b>	
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Principal Place of Business <b>3550 NW 15 ST MIAMI, FL 33125</b>	Mailing Address <b>3550 NW 15 ST MIAMI, FL 33125</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01172006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1146026</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>LEVY, ROBERT 3550 NW 15 ST MIAMI, FL 33125</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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B. 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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>LEVY, ROBERT 3550 NW 15 ST MIAMI, FL 33125</b>
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UD0000410285  
02/03/06-80031-002 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X ROBERT LEVY 1/24/06 266 280 1234  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #