


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000060466 1. Entity Name NORTH 10 CAPITAL ASSOCIATES, INC.	
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Principal Place of Business 1601 BELVEDERE ROAD SUITE 407S WEST PALM BEACH, FL 33406	Mailing Address 1601 BELVEDERE ROAD SUITE 407S WEST PALM BEACH, FL 33406
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01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0614897	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

MAPES, PAUL
 1601 BELVEDERE ROAD
 SUITE 407S
 WEST PALM BEACH, FL 33406

DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MAPES, PAUL
STREET ADDRESS	1601 BELVEDERE ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	PS
NAME	MEYER, ASARCH GAIL
STREET ADDRESS	1601 BELVEDERE ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	VP
NAME	STRAUSS, RICHARD
STREET ADDRESS	2800 BRADWAY BLVD
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48301
TITLE	D
NAME	STRAUSS, CYNDSE D
STREET ADDRESS	5775 PEACHTREE DUNWOODY RD. STE 200
CITY-ST-ZIP	ATLANTA, GA 30342
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

U00000918507
05/13/08-80085-009 150.00

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 a address, with all other like empowered.

SIGNATURE: P. Myer Date: 2/20/08 Daytime Phone #: 561-6896601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #