

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

03-21-2008 90020 012 \*\*\*150.00

<b>DOCUMENT # P02000070563</b> 1. Entity Name <b>NORTH AMERICAN HOSPITALITY GROUP, INC.</b>			
Principal Place of Business <b>5554 METRO WEST BLVD STE 107 ORLANDO, FL 32811</b>		Mailing Address <b>5554 METRO WEST BLVD STE 107 ORLANDO, FL 32811</b>	
2. Principal Place of Business - No P.O. Box # <b>4632 MiddleBrook Rd.</b> Suite, Apt. #, etc. <b>#2B</b>		3. Mailing Address <b>4632 MiddleBrook Rd.</b> Suite, Apt. #, etc. <b>#2B</b>	
City & State <b>Orlando, Florida</b>		City & State <b>Orlando, Florida</b>	
Zip <b>32811</b>	Country <b>USA</b>	Zip <b>32811</b>	Country <b>USA</b>
4. FEI Number <b>52-2365794</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HUNTER, NATALYA 5554 METRO WEST BLVD STE 107 ORLANDO, FL 32811</b>		7. Name and Address of New Registered Agent Name <b>Ioulia Iarovaia</b> Street Address (P.O. Box Number is Not Acceptable) <b>4632 MiddleBrook Rd. #2B</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32811</b>	
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 <b>03/18/2008</b> DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PST</b>	NAME <b>HUNTER, NATALYA</b>	TITLE <b>Ioulia Iarovaia</b>	NAME <b>Ioulia Iarovaia</b>
STREET ADDRESS <b>5554 METRO WEST BLVD #107</b>	CITY-ST-ZIP <b>ORLANDO, FL 32811</b>	STREET ADDRESS <b>4632 MiddleBrook Rd. #2B</b>	CITY-ST-ZIP <b>Orlando, Florida 32811</b>
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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 <b>03/18/2008</b>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	