
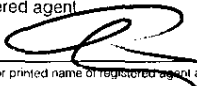


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
CLERK OF STATE
DIVISION OF CORPORATION

04 MAY 10 PM 2:22

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|---|---|---|--|---|--|
| DOCUMENT # P03000078141 1. Entity Name NORTH AMERICAN LIABILITY CORPORATION | | | |  | |
| Principal Place of Business 868 BARCELONA DRIVE BOCA RATON, FL 33432 | | | Mailing Address 868 BARCELONA DRIVE BOCA RATON, FL 33432 | | |
| 2. Principal Place of Business 2929 E. Commercial Blvd. | | 3. Mailing Address 2929 E. Commercial Blvd. | |  | |
| Suite, Apt. #, etc. Suite 610 | | Suite, Apt. #, etc. Suite 610 | | 05052004 Chg-P CR2E034 (10/03) | |
| City & State Ft. Lauderdale, FL | | City & State Ft. Lauderdale, FL | | 4. FEI Number 85-0386286 | |
| Zip 33308 Country USA | | Zip 33308 Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DEAN LAURENCE 868 BARCELONA DRIVE BOCA RATON, FL 33432 | | | | 7. Name and Address of New Registered Agent Name Eric P. Littman, Esquire Street Address (P.O. Box Number is Not Acceptable) 7695 SW 104th Street, Suite 210 City Miami FL Zip 33156 | |
| 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  DATE 5/8/04 <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D/S WILSON, BRADLEY 868 BARCELONA DR. BOCA RATON, FL 33432 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D/S Bradley Wilson 2929 E. Commercial Blvd., Suite 610 Ft. Lauderdale, FL 33308 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC RICE, JAMES W 868 BARCELONA DR. BOCA RATON, FL 33432 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 700037054677 05/24/04--01096--004 **550.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  DATE 5/8/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |