

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90042 039 \*\*\*158.75

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02022005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000098608</b>					
1. Entity Name <b>NORTH AMERICAN UNIVERSAL MANAGEMENT, INC.</b>					
Principal Place of Business <b>11200 MEADOW LANE LEAWOOD, KS 66211</b>			Mailing Address <b>5407 W. 103RD TERRACE OVERLAND PARK, KS 66207</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		<b>11200 Meadow Lane</b>			
City & State		City & State <b>Leawood, KS 66211</b>			
Zip	Country	Zip	Country	4. FEI Number <b>75-3129576</b>	
<b>66211</b>		<b>66211</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BUSINESS FILINGS INCORPORATED 600 EAST JEFFERSON STREET TALLAHASSEE, FL 32301</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	<b>FL</b> Zip Code
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)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANDY, JOSHUA</b>		NAME	<b>Landy, Joshua</b>	
STREET ADDRESS	<b>4101 W. 150TH STREET</b>		STREET ADDRESS	<b>11200 Meadow Lane</b>	
CITY-ST-ZIP	<b>LEAWOOD, KS 66224</b>		CITY-ST-ZIP	<b>Leawood, KS 66211</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Joshua Landy</b>		
			Date _____ Daytime Phone # _____		