

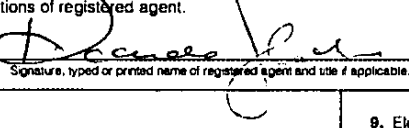



2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000118717 1. Entity Name N C G RESOURCES, INC.						FILED 08 JUN -3 AM 11:49 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8362 PINES BLVD #273 PENBROKE PINES, FL 33024				Mailing Address 8362 PINES BLVD #273 PENBROKE PINES, FL 33024			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 56-2474845				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 GLOCK, RICHARD A 8362 PINES BLVD #273 PENBROKE PINES, FL 33024				7. Name and Address of New Registered Agent Name GLOCK, RICARDO A Street Address (P.O. Box Number is Not Acceptable) 7557 NW 18 DRIVE City PENBROKE PINES FL Zip Code 33024			
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  RICARDO GLOCK 5/22/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				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	PS GLOCK, RICHARD A <input checked="" type="checkbox"/> Delete 8362 PINES BLVD #273 PENBROKE PINES, FL 33024			TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/S GLOCK, RICARDO A <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7557 NW 18 DRIVE PENBROKE PINES, FL 33024		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800131001128 06/06/08--01037--012 **\$61.25		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  RICARDO GLOCK				5/22/08 <small>Date Daytime Phone #</small>			