


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2006 8:00 am
Secretary of State

06-27-2006 90036 034 ***150.00

DOCUMENT # P05000064365	
1. Entity Name NORTH AMERICAN PURCHASE & TRADE, INC.	

Principal Place of Business C/O LAW OFFICES OF BARRY M. BOREN 9350 S. DIXIE HWY., PH-2 MIAMI, FL 33156	Mailing Address C/O LAW OFFICES OF BARRY M. BOREN 9350 S. DIXIE HWY., PH-2 MIAMI, FL 33156
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2. Principal Place of Business 1800 S.E. 10th Ave	3. Mailing Address 1800 S.E. 10th Ave.
Suite, Apt. #, etc. 230	Suite, Apt. #, etc. 230
City & State Ft. Lauderdale FL	City & State Ft. Lauderdale FL
Zip 33316	Country USA
Zip 33316	Country USA

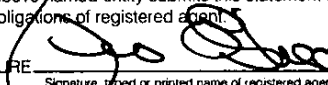


06232006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2863781	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 BOREN, BARRY M ESQ 9200 SOUTH DADELAND BLVD 412 MIAMI, FL 33156	7. Name and Address of New Registered Agent Name George O'Shea Street Address (P.O. Box Number is Not Acceptable) 1800 S.E. 10th Ave Suite 230 City Ft. Lauderdale FL Zip Code 33316
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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.

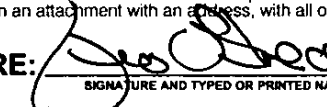
SIGNATURE  DATE **6-22-2006**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'SHEA, GEORGE M 1800 SE 10TH AVE SUITE 230 FORT LAUDERDALE, FL 33316 <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
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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:  **George O'Shea** Date **6/22/2006** Daytime Phone # **954-622-3885**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR