

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075498

FILED  
Jan 23, 2008  
Secretary of State

**Entity Name:** NORTH AMERICAN INVESTIGATIONS, INC.

**Current Principal Place of Business:**

5828 SILVER MOON AVENUE  
TAMPA, FL 33625

**New Principal Place of Business:**

9754 EDMONTON DR  
LAND O' LAKES, FL 34638

**Current Mailing Address:**

P.O. BOX 271322  
TAMPA, FL 33688

**New Mailing Address:**

9754 EDMONTON DR  
LAND O' LAKES, FL 34638

**FEI Number:** 20-2911322

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRANE, THOMAS  
502B W. FLETCHER AVE.  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CROWLEY, THOMAS  
Address: P.O. BOX 271322  
City-St-Zip: TAMPA, FL 33688

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CROWLEY, THOMAS  
Address: 9754 EDMONTON DRIVE  
City-St-Zip: LAND O' LAKES, FL 34638

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS K. CROWLEY

D

01/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date