

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05602

FILED
Apr 14, 2008
Secretary of State

Entity Name: NORTH AMERICAN CONSUMER ALLIANCE COMPANY

Current Principal Place of Business:

15770 DALLAS PARKWAY
#750
DALLAS, TX 75248 US

New Principal Place of Business:

Current Mailing Address:

15770 DALLAS PARKWAY
#750
DALLAS, TX 75248 US

New Mailing Address:

FEI Number: 75-1844580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD, #221E
PALM BEACH GARDENS, FL 33410 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REDMOND, JAMES
Address: 15135 DUTCHMANS DR.
City-St-Zip: ROGERS, AR 72756 US

Title: ASVP () Delete
Name: NJUS, SANDRA S
Address: 15770 DALLAS PARKWAY, STE 750
City-St-Zip: DALLAS, TX 75248

Title: SDVP () Delete
Name: KATOSTIC, GEORGE R
Address: 300 N COIT RD STE 350
City-St-Zip: RICHARDSON, TX 75080

Title: TVPD () Delete
Name: WARREN, MICHAEL W
Address: 15770 DALLAS PKWY STE 750
City-St-Zip: DALLAS, TX 75248

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA NJUS

ASVP

04/14/2008

Electronic Signature of Signing Officer or Director

Date