2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2008
Secretary of State

DOCUMENT# P06000014968

Entity Name: NORTH AMERICAN MEDICAL EDUCATION, INC.

Current Principal Place of Business:

215 NE 1ST AVE
DELRAY BEACH, FL 33444

New Principal Place of Business:

219 NE 1ST AVE
DELRAY BEACH, FL 33444

Current Mailing Address:

215 NE 1ST AVE
DELRAY BEACH, FL 33444

New Mailing Address:

219 NE 1ST AVE
DELRAY BEACH, FL 33444

FEI Number: 06-1665958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAYER, PATRICIA
950 BOLENDR DRIVE
DELRAY BEACH, FL 33483 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: P ( ) Delete
Name: SAYER, PATRICIA
Address: 950 BOLENDER DR
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: PATRICIA E SAYER CEO 06/15/2008

Electronic Signature of Signing Officer or Director — Date