

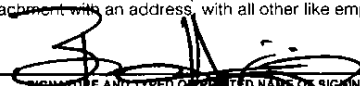


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2007 8:00 am
Secretary of State

06-27-2007 90001 005 ***158.75

DOCUMENT # P06000129178						
1. Entity Name NORTH AMERICAN CONSULTING GROUP, INC.						
Principal Place of Business 812 RENAISSANCE POINTE ALTAMONTE SPRINGS, FL 32714			Mailing Address 812 RENAISSANCE POINTE ALTAMONTE SPRINGS, FL 32714			
2. Principal Place of Business - No P.O. Box # 1600 STARGAZER TER		3. Mailing Address 1600 STARGAZER TER				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State SANFORD, FL		City & State SANFORD, FL		4. FEI Number 20-5692993		
Zip 32771		Country USA		Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		06082007 Chg-P CR2E034 (12/06)				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
HIGGINS, BRIAN D 812 RENAISSANCE POINTE ALTAMONTE SPRINGS, FL 32714			Name BRIAN D. HIGGINS			
			Street Address (P.O. Box Number is Not Acceptable) 1600 STARGAZER TER			
			City SANFORD		State FL	Zip Code 32771
			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: 		BRIAN HIGGINS		PRESIDENT		
6/8/07		DATE				
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		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.						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D, P	<input type="checkbox"/> Delete	TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIGGINS, BRIAN D		NAME	BRIAN HIGGINS		
STREET ADDRESS	812 RENAISSANCE POINTE		STREET ADDRESS	1600 STARGAZER TER		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP	SANFORD, FL 32771		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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: 		BRIAN HIGGINS		407-415-1509		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #		