

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000129178
 1. Entity Name
 NORTH AMERICAN CONSULTING GROUP, INC.



Principal Place of Business Mailing Address
 1600 STARGAZER TER 1600 STARGAZER TER
 SANFORD, FL 32771 SANFORD, FL 32771

FILED
Jul 15, 2008 08:00 AM
Secretary of State



07042008 No Chg-P CR2E034 (11/05)

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4. FEI Number 20-5692993	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGGINS, BRIAN D
 1600 STARGAZER TER
 SANFORD, FL 32771

**DO NOT WRITE
IN THIS SPACE**

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: **PRESIDENT** **7/4/08**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P HIGGINS, BRIAN D 1600 STARGAZER TER SANFORD, FL 32771
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 07/15/08-80004-023 550.00

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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** **7/4/08** **407-415-1509**
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #