

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36883

FILED
Jan 17, 2007
Secretary of State

Entity Name: NORTH AMERICAN CANOE TOURS, INC.

Current Principal Place of Business:

107 CAMELLIA ST
EVERGLADES CITY, FL 34139

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5038
EVERGLADES CITY, FL 34139

New Mailing Address:

FEI Number: 06-1017984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRADEN, DAVID
107 CAMELLIA ST
EVERGLADES CITY, FL 33929 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: DCP () Delete
Name: HARRADEN, DAVID
Address: 65 BLACK PT. RD.
City-St-Zip: NIAHTIC, CT

Title: ST () Delete
Name: HARRADEN, SANDEE
Address: 511 COPELAND AVE
City-St-Zip: EVERGLADES CITY, FL 34139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DAVID HARRADEN

DCP

01/17/2007

Electronic Signature of Signing Officer or Director

Date