


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000005882	
1. Entity Name NORTH AMERICAN ENTERPRISES, INC.	

Principal Place of Business 11433 HWY 441, SUITE #4 TAVARES FL 32778	Mailing Address 11433 HWY 441, SUITE #4 TAVARES FL 32778
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E034 (10/05)
4. FEI Number 59-3361050	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ELLIOTT, MARK 525 BAHAMA DRIVE INDIATLANTIC FL 32903
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	WILLIAMS, RONALD
STREET ADDRESS	11433 HWY 441
CITY-ST-ZIP	TAVARES FL 32778
TITLE	D <input type="checkbox"/> Delete
NAME	ELLIOTT, MARK
STREET ADDRESS	525 BAHAMA DRIVE
CITY-ST-ZIP	INDIATLANTIC FL 32903
TITLE	D <input type="checkbox"/> Delete
NAME	SILBRNAGEL, HELEN
STREET ADDRESS	PO BOX 350820
CITY-ST-ZIP	GRAND ISLAND FL 32735
TITLE	D <input type="checkbox"/> Delete
NAME	BROWN, CLARICE
STREET ADDRESS	5132 MAGNOLIA RIDGE ROAD
CITY-ST-ZIP	FRUITLAND PARK FL 34731
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	U000000427190
STREET ADDRESS	02/20/06-80073-024 158.75
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ronald Williams **2/6/06 (352) 343-0061**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #