2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000005882

BROWN, CLARICE

5132 MAGNOLIA RIDGE ROAD

FRUITLAND PARK, FL 34731

Name:

Address:

City-St-Zip:

Entity Name: NORTH AMERICAN ENTERPRISES INC

FILED May 14, 2007 Secretary of State

Entity Name: NORTH AMERICAN ENTERPRISES, INC.					
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	Y 441, SUITE ; , FL 32778	‡ 4			
Current Mailing Address:			New Mailing Address:		
	Y 441, SUITE ; , FL 32778	‡ 4			
FEI Number:	59-3361050	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
ELLIOTT, MARK 525 BAHAMA DRIVE INDIATLANTIC, FL 32903 US			525 BAHAMA DRIV	WILLIAMS, RONALD 525 BAHAMA DRIVE INDIATLANTIC, FL 32903 US	
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: RONALD WILLIAMS				05/14/2007	
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () WILLIAMS, ROI 11433 HWY 44 TAVARES, FL	1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X) ELLIOTT, MARI 525 BAHAMA D INDIATLANTIC,	RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () SILBRNAGEL, H PO BOX 35082 GRAND ISLAND	0	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CLARICE C. BROWN D 05/14/2007