

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000038584

FILED
Jun 28, 2005
Secretary of State

Entity Name: NORTH AMERICAN CATASTROPHE SERVICES, INC.

Current Principal Place of Business:

864-D WASHBURN ROAD
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

864-D WASHBURN ROAD
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 59-3507855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILFONG, DAVID CFO
2194 SPRING CREEK CIR
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

FERRALL, CHARLES VP,OPS
2201 WOODLAWN CIR.
MELBOURNE, FL 32934 US

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: CHARLES FERRALL

06/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEKLE, BRIAN
Address: 604 COLLEGE AVE
City-St-Zip: DAPHNE, AL 36526

Title: D () Delete
Name: WILPONG, DAVID
Address: 32901 DIXIE HWY NE 108
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: COILE, JOAN
Address: 6084 OAKWOOD LANE
City-St-Zip: FAIRHOPE, AL 36532

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 Section 119.07(3)(i), 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: BRIAN DEKLE

PD

06/28/2005

Electronic Signature of Signing Officer or Director

Date