

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000108559

FILED
May 03, 2004
Secretary of State

Entity Name: NORTH AMERICAN INSURANCE GROUP, INC.

Current Principal Place of Business:

1660 NORTHWEST 65TH AVENUE
SUITE 1
PLANTATION, FL 33313

New Principal Place of Business:

1801 N PINE ISLAND ROAD
SUITE 200
PLANTATION, FL 33322

Current Mailing Address:

POST OFFICE BOX 16172
PLANTATION, FL 33318

New Mailing Address:

FEI Number: 65-0968533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RATH, TIMOTHY L
1600 NW 65 AVE
FORT LAUDERDALE, FL 33313 US

Name and Address of New Registered Agent:

RATH, TIMOTHY L
1801 N PINE ISLAND ROAD
SUITE 200
FORT LAUDERDALE, FL 33322 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: TIMOTHY L RATH

05/03/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RATH, TIMOTHY L
Address: 1660 NORTHWEST 65TH AVENUE
City-St-Zip: PLANTATION, FL 33313

Title: STD () Delete
Name: RATH, SUZANNE
Address: 1660 NORTHWEST 65TH AVENUE
City-St-Zip: PLANTATION, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RATH, TIMOTHY L
Address: 1801 N PINE ISLAND ROAD SUITE 200
City-St-Zip: PLANTATION, FL 33322

Title: STD (X) Change () Addition
Name: RATH, SUZANNE
Address: 1801 N PINE ISLAND ROAD SUITE 200
City-St-Zip: PLANTATION, FL 33322

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: TIMOTHY L RATH

PD

05/03/2004

Electronic Signature of Signing Officer or Director

Date