


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # V10393
 1. Entity Name
 NORTH AMERICA INVESTMENTS, INC.



Principal Place of Business: 4099 TAMiami TRAIL NORTH, SUITE 400, NAPLES, FL 34103 US
 Mailing Address: C/O DAVID G. BUDD, 3033 RIVIERA DRIVE STE 201, NAPLES, FL 34103 US



02102005 No Chg-P CR2E034 (10/03)

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4. FEI Number: 65-0309630 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STARMAN, SHELDON W.
 4099 TAMiami TRAIL NORTH
 SUITE 400
 NAPLES, FL 34103

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000244681
 02/26/05-80028-020 158.75

10. OFFICERS AND DIRECTORS

TITLE	AT
NAME	STARMAN, SHELDON W.
STREET ADDRESS	4099 TAMiami TRAIL N.
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	AS
NAME	BUDD, DAVID G
STREET ADDRESS	3033 RIVIERA DRIVE, SUITE 201
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	PD
NAME	GUSTEROV, RISTE
STREET ADDRESS	3033 RIVIERA DRIVE STE 201
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VT
NAME	TUPAROV, GLIGOR
STREET ADDRESS	3033 RIVIERA DRIVE STE 201
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	AVS
NAME	VLASHO, LOU
STREET ADDRESS	3033 RIVIERA DRIVE STE 201
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: David G. Budd 2/24/05 (239) 263-7700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #