


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90202 012 ***158.75

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| 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 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address C/O David G Budd | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 5551 Ridgewood Dr., #501 | |
| City & State | | City & State Naples, Florida | |
| Zip | Country | Zip | Country |
| | | 34108 | USA |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| STARMAN, SHELDON W. 4099 TAMiami TRAIL NORTH SUITE 400 NAPLES, FL 34103 | | 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 _____ | | DATE _____ | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when translating) | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT STARMAN, SHELDON W. 4099 TAMiami TRAIL N. NAPLES, FL 34103 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS BUDD, DAVID G 3033 RIVIERA DRIVE, SUITE 201 NAPLES, FL 34103 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5551 Ridgewood Dr., #501 Naples, Florida 34108 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GUSTEROV, RISTE 3033 RIVIERA DRIVE STE 201 NAPLES, FL 34103 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5551 Ridgewood Dr., #501 Naples, Florida 34108 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT TUPAROV, GLIGOR 3033 RIVIERA DRIVE STE 201 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS VLASHO, LOU 3033 RIVIERA DRIVE STE 201 NAPLES, FL 34103 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5551 Ridgewood Dr., #501 Naples, Florida 34108 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>David G Budd</u> | | 4-25-08 239-514-1000 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |
| DAVID G BUDD, ASSISTANT SECRETARY | | | |