2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V10393

FILED Apr 09, 2009 Secretary of State

Entity Name: NORTH AMERICA INVESTMENTS, INC.

Current Principal Place of Business: New Principal Place of Business:

4099 TAMIAMI TRAIL NORTH 2375 TAMIAMI TRAIL NORTH

SUITE 400 SUITE 110

NAPLES, FL 34103 US NAPLES, FL 34103 US

Current Mailing Address: New Mailing Address:

C/O DAVID G. BUDD 5551 RIDGEWOOD DR STE 501 NAPLES, FL 34108 US

FEI Number: 65-0309630 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STARMAN, SHELDON W.
4099 TAMIAMI TRAIL NORTH
SUITE 400
NAPLES, FL 34103 US
STARMAN, SHELDON W
2375 TAMIAMI TRAIL NORTH
SUITE 110
NAPLES, FL 34103 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: SHELDON W. STARMAN 04/09/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AT () Delete Title: AT (X) Change () Addition

Name:STARMAN, SHELDON W.Name:STARMAN, SHELDON W.Address:4099 TAMIAMI TRAIL N.Address:2375 TAMIAMI TRAIL N., SUITE 110

City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103

51ty-5122p. NAPEES, 1E 54105

Title: AS () Delete Title: () Change () Addition Name: BUDD, DAVID G Name:

Address: 5551 RIDGEWOOD DR STE 501 Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip:

Title: PD () Delete Title: () Change () Addition

 Name:
 GUSTEROV, RISTE
 Name:

 Address:
 5551 RIDGEWOOD DR STE 501
 Address:

 City-St-Zip:
 NAPLES, FL 34108
 City-St-Zip:

Title: VS () Delete Title: VST (X) Change () Addition

 Name:
 VLASHO, LOU
 Name:
 VLASHO, LOU

 Address:
 5551 RIDGEWOOD DR STE 501
 Address:
 5551 RIDGEWOOD DR STE 501

City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108

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.

SIGNATURE: DAVID G BUDD AS 04/09/2009